

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

<b>Date of the meeting</b>	15/03/2017
<b>Authors</b>	S Shead, Director of Nursing and Quality
<b>Sponsoring Clinician</b>	Dr S Yule, Locality Chair for North Dorset
<b>Purpose of Report</b>	The report gives an overview of the current issues relating to quality for the CCG: <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>• Information Governance</li> <li>• Medicines Management</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 Trusts is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials SSh

## 1. Introduction

- 1.1 The Quality Report is provided in four sections:
- Part A provides an overall summary of quality performance;
  - Part B outlines the quality performance exceptions of the commissioned provider organisations;
  - Part C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the Clinical Commissioning Group (CCG) is an associate commissioner;
  - Part D of the report outlines performance of the CCG in relation to quality.
- 1.2 The report highlights key areas of good quality performance, areas for development and improvement and key areas of concern.

### **SECTION A – OVERALL QUALITY PERFORMANCE**

- 1.3 There continues to be pressure across all acute services at this time of year as well as challenges being experienced in Community Services.
- 1.4 Both DCHFT and PHFT have reported Never Events.
- 1.5 Performance is again poor in undertaking the health assessments of Looked After Children.

### **SECTION B – MAIN PROVIDERS**

The performance of the four main providers is outlined in the aggregated scorecard (Appendix 1 ). The report below outlines exceptions only.

## 2. Safe

### **Mortality Rates**

- 2.1 DCHFT has been chosen to be a pilot site for the new Royal College of Physicians (RCP) standardised approach to mortality case reviews. The Medical Director has also secured agreement to work with East Kent University Hospitals NHS Trust (EKUHFT) on externally reviewing mortality coding, as the internal reviews to date demonstrate this remains an issue.
- 2.2 As a result of continued focus on learning from deaths within RBH, the year to date HSMR figure is currently 89.9 placing the Trust in the 'below expected' category.

## Serious Incidents/Never Events

- 2.3 Following a change in personnel, DCHFT has identified a number of historic serious incidents and two Never Events which had previously not been reported. This is now being rectified and the CCG is being kept informed of progress. PHFT has also declared a recent Never Event related to a piece of equipment (spring) being left in a patient. A Contract Performance Notice has been raised against PHFT.

## 12-Hour Trolley Breaches

- 2.4 DCHFT and PHFT each reported one 12-hour trolley breach over the Christmas period.

## Pressure Ulcers

- 2.5 As part of the Lord Carter review to develop 'Model Hospitals' of efficiency, PHFT has received a report which identifies them as the worst performing Trust in the country in relation to pressure ulcers. The report is based on Safety Thermometer data submitted in September 2016 which has been validated. This area of care is a particular focus following the arrival of the new Director of Nursing this month.

## 3. Effective

### Stroke

- 3.1 SSNAP Data for the period August – November 2016 will be published in March 2017. The Audit and Quality Committee requested that the Acute Stroke Vanguard trajectory timescales for improvement be shared at Governing Body as below:

## One acute network – prioritised deliverables

11<sup>th</sup> July 2016



- 3.2 Progress against timescales is outlined as below:

Stroke workstream		Current RAG	G
		Previous RAG	G
<b>Report date:</b>	17 January 2017	<b>Exec sponsor:</b>	Mark Mould (Poole)
<b>Clinical lead:</b>	Dr Suzanne Ragab (Poole)	<b>Management lead:</b>	Claire <u>Stalley</u> (RBCH)
<b>Medical Director:</b>	Paul Lear (DCH)	<b>Project Manager:</b>	Sarah Woods
<b>Outputs achieved this period:-</b>		<b>Outputs planned next period:-</b>	
<ul style="list-style-type: none"> <li>Stroke SOC V2 signed off by COO's and Medical Directors</li> <li>Patient participation workshops scheduled for Feb/early March and approach agreed.</li> <li>SNAPP Guidance completed</li> <li>TIA referral and booking system specification drafted</li> <li>Acute continence pathway and process reviewed and aligned</li> </ul>		<ul style="list-style-type: none"> <li>Clinical OBC and Options appraisal framework development</li> <li>Standardise TIA and OOH data collection and agree how SNAPP data is used for Dorset Stroke Monitoring and Performance Forum</li> <li>TIA referral and booking system – spec to next ESG</li> <li>Whole system pathway agreement in alignment with new workforce framework</li> <li>Clear roles to be agreed between Community and Acute Specialists in OOH delivery group</li> </ul>	
<b>Risks &amp; issues:-</b>		<b>Mitigating actions:-</b>	
<ul style="list-style-type: none"> <li>Detailed isochrones mapping – lack of resource for PHHA and TIA model</li> </ul>		<ul style="list-style-type: none"> <li>Claire to meet with CCG to discuss resources required</li> </ul>	

### Children & Adolescent Mental Health Services (CAMHS)

- 3.3 A deep dive report in relation to CAMHS was submitted in February 2017 to the Audit and Quality Committee at their request. The report covered all aspects of quality, safety and performance. There was a follow up request for information on the pathway for children and young people who are not accepted on to CAMHS caseload which will be reported to a future Audit and Quality Committee. Waiting times for Tier 2 and 3 services have shown improvement when compared to quarter one performance.

### IAPT (Steps to Wellbeing)

- 3.4 There are access problems to this service. Following the high level of referrals received by the Steps to Wellbeing service over the past 12 months, and the impending expansion of Improving Access to Psychological Therapies (IAPT) services over the next five years, additional local monies have been identified within the Trust to support the service in reducing the current number of patients waiting for treatment. Additional staff started work during December/early January. The staff are focusing on reducing the number of patients waiting for treatment; 540 additional patients are expected to be seen by the end of March 2017. Another cohort of staff will start in the service in April 2017. Revised trajectories to support future improvements in waiting times for 2017/18 are being developed. Dorset CCG has submitted a bid to NHS England for funding to support the IAPT Expansion for 2017/18 to achieve the national target to treat 16.8% of the prevalent population.

## **Pain service**

- 3.5 The Pain Service has experienced problems in recruiting to Consultant posts which has led to long waiting times. The service is now running invitation days in small groups to enable patients to have a contact with the service as soon as possible and understand the Pain Service offer. Most patients can now attend an invitation session within six weeks of being triaged and accepted in to the service. A Pain Locum Consultant has been appointed for a five-month contract until May 2017. A part-time Pharmacist with six sessions dedicated to supporting the Pain Service is being recruited. Plans to create the best skill mix to support patient needs and avoid reliance on key clinicians are being developed. A review by the Royal College of Anaesthetists is planned for March 2017 which may impact on the activity plan to identify what is the most appropriate level of intervention versus medical management. Work on demand and capacity is expected therefore to be completed by end of March 2017.
- 3.6 PHFT was the only one of the four main providers to meet the threshold for the national flu vacs CQUIN with a compliance rate of 80.6%.
- 3.7 A proposal by RBH to work outside the national sepsis CQUIN was considered and agreed by the Clinical Commissioning Committee in February.

## **4. Caring**

### **Complaints**

- 4.1 The CCG undertook a 'deep dive' review of the complaint service at PHFT and DCHFT. No concerns were identified at PHFT. A trajectory improvement plan is in place at DCHFT.

## **5. Well-led**

### **External reviews**

- 5.1 The CQC are currently meeting with Focus Groups for the Acute Trusts in anticipation of follow up inspections occurring in the next quarter.
- 5.2 Within DCHFT Performance remains challenged, in part due to lack of resilience within the Trust. A new internal structure which will see the Trust have two directorates only is open to consultation at present.

## **6. Responsive**

### **Ambulance Response times**

- 6.1 The CCG contacted South Western Ambulance Trust to highlight concerns over increasing waiting times for ambulance responses. This follows a number of reported incidents and serious incidents. There are a number of actions the Trust is taking to address this including a rota review to ensure peak demands are met with appropriate workforce and vehicles. The Ambulance Response

Pilot has concluded and formal evaluation is imminent to determine how the pilot will be taken forward.

- 6.2 There has been continued challenged performance at the three acute Trusts. Work is on-going to improve handover delays, which is being co-ordinated through the A&E Delivery Board.

## **PART C – ASSOCIATE AND SMALLER PROVIDERS**

The report below outlines exceptions only.

### **1. Yeovil District Hospital NHS Foundation Trust**

- 1.2 The Trust has received the final report following a commissioned review by the Royal College of Paediatrics of its paediatric and young person ward. Verbal feedback is that the review is generally supportive of Yeovil's approach. A copy of the report will be shared with Commissioners.

### **2. South Western Ambulance Service NHS Foundation Trust**

#### **111 Service**

- 2.1 The Trust has submitted a trajectory to get to a position of improved performance of call answering during February 2017. The dip in performance was due to staff turnover and time to recruit and train new staff. Most recent performance data for January 2017 indicates an improvement to 84.97% calls answered within 60 seconds. Performance in relation to warm transfers remains below expected levels during January 2017.
- 2.2 A follow-up CQC inspection of the NHS 111 service took place in December. The full report is awaited.

## **PART D – CCG**

### **1. Information Governance (IG)**

#### **IG Toolkit (IGT) Assessment 2016/17**

- 1.1 Work continues on the IGT in order to ensure a compliant submission for the CCG. This is expected to be completed and submitted no later than 31 March 2017.
- 1.2 Final approval from the IG Group is to be sought at the meeting scheduled for 7 March. Following approval the IGT will be submitted.
- 1.3 TIAA audited the evidence for the IGT submission on 8 February. A level of 'substantial assurance' was achieved.

## IG Training

- 1.4 Directorate specific mandatory IG Training for 2016/17 continues. To date all arranged sessions have been completed however, there are still some staff who have not attended; (these figures do not include those who are on 'long term' sickness leave and/or maternity leave). Two further sessions have been arranged in March and Directors have been contacted and requested to ensure that their staff attend. Failure to do so will result in the CCG being non-compliant with the IG Toolkit.
- 1.5 Data Security Standard 3 from the report of the National Data Guardian stipulates:
- All staff to complete appropriate annual data security training and pass a mandatory test.
- 1.6 NHS Digital has confirmed that organisations that are currently using their own training materials can continue to do so. However, materials must be amended to reflect the updated materials from NHS Digital plus the mandatory test.
- 1.7 The IG Team are to review the new materials and consider a blended approach to training for 2017/18.

## Contracting/Outsourcing

- 1.8 The Information Commissioners Office (ICO) has stipulated that organisations must ensure suitable security arrangements are in place for use of personal data when contracting/outsourcing. This is being assured for the CCG via the Information Governance Group.

## Homeworking

- 1.9 The Assistant Commissioner (from the ICO) has stated:

*“As more people take the opportunity to work from home, organisations must have adequate measures in place to make sure the personal information being accessed by home workers continues to be kept secure. The security has to comply with the 7<sup>th</sup> Data Protection principle which is:*

*Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.*

*In practice, it means you must have appropriate security to prevent the personal data you hold being accidentally or deliberately compromised”.*

- 1.10 An incident took place within Aberdeen City Council in relation to homeworking which incurred them a £100,000 fine. The ICO stated that the council “failed to monitor how personal information was being used for home working and had no guidance to help home workers look after the information. On a wider level, the

council also had no checks in place to see whether the council's existing data protection guidance was being followed."

- 1.11 As Dorset CCG moves towards different ways of working, which will include homeworking, there needs to be robust procedures in place.

## 2. Customer Care

- 2.1 During Quarter 4 (to date 27 February) the Customer Care Team has received 23 complaints, of which 15 complaints relate to Dorset CCG.

Complaints Relating To	2016/17 Q2	2016/17 Q3	2016/17 Q4
Current CHC application	11	6	5
Retrospective CHC	8	12	8
Other commissioning issues	8	1	0
Individual patient Treatment	5	1	2
Providers	26	16	8

### Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has not requested any information during Quarter 4. We are currently awaiting the final report for a case previously under investigation.

### MP Letters and Feedback queries

- 2.3

Number of	2016/17 Q2	2016/17 Q3	2016/17 Q4
MP enquiries	11	12	15
Feedback and Involve enquiries	243 + 33 misc	252+ 9 misc	392 + 15 misc

## 3. Care Homes

- 3.1 The CCG continues to support the development of the adult social care workforce and, following the successful annual care homes event, two mini conferences for Domiciliary and Learning Disability (LD) providers were delivered in January 2017 on the theme of supporting people in their own homes. The first cohort of the Care Home Managers' Leadership programme was also delivered in partnership with Thames Valley and Wessex Leadership Academy on 14 February 2017. This is a five-day programme supporting leadership development and a change management project.
- 3.2 The Quality Team have contributed to the review of service specifications for the Dorset Care Project to take a whole system approach to the re-commissioning of the care providers framework with Dorset County Council. The Care Homes

Quality Team continue to work with the accountable care partnerships on projects to enhance care provided in care homes to support primary care resilience over the winter months. A care homes National Early Warning Score (NEWS) tool is being introduced in pilot areas supported by Dorset HealthCare.

#### 4. Medicines Management

- 4.1 **Practice visit schedule:** the medicines team are undertaking second visits to the top 25 practices with a focussed approach to outlying areas of prescribing.
- 4.2 **Budgetary Impact:** the forecast price decreases for medicines, particularly generics, appear to be taking effect and though cautious at present, the prescribing budget should deliver a small underspend, if the national figures are maintained to year end.
- 4.3 **Delegated Commissioning and DSQS:** all dispensing practices signed up to the dispensing services quality scheme have now agreed to have a visit from the medicines team.
- 4.4 **Antibiotic premium:** more detail has been received about the measures for 2017/18. This includes using more accurate data on use and age groups that is accessed through electronic prescribing (EPS). At present there are a number of Practices that, despite being enabled, are yet to implement EPS and this may compromise the quality and extent of data on which the quality premium is measured. The medicines team is planning to work with the IT team to encourage reluctant Practices to implement EPS and the GP locality prescribing leads are being asked to support this.
- 4.5 Using existing 2016/17 data, whilst the CCG will deliver the measures to achieve the premium as a whole, there are five practices that are not achieving either of the measures, and it is planned to work with local microbiologists to get improved engagement and education on this issue.
- 4.6 The medicines team are piloting an approach to increase the uptake of electronic repeat dispensing (eRD) in Practices. Emerging data from the Academic Health Science Network suggests that the combination of EPS and eRD could save several hours of GP time per week. Initial feedback from the pilot in Portland is positive, and learning will be shared and rolled out to encourage increased uptake across the CCG.
- 4.7 A number of Practices and groups of Practices have expressed an interest in employing pharmacists as part of the multidisciplinary team and the medicines team are supporting them with options for doing so.

#### 5. Looked After Children

##### Initial Health Assessments (IHAs)

- 5.1 Despite improvement during Quarter 2, there has been a sudden drop in performance to 37% of IHA's being completed within the statutory time frame in Quarter 3. Dorset County Council (DCC) area has been identified as the main

reason for poor performance by failing to provide notification and consent to health checks when a child is accommodated, with a compliance rate of 5% in December. The Governing Body is advised that this is preventing our provider (PHFT) meeting their performance indicators and contractual requirements as well as placing vulnerable children at risk of not meeting health needs. This risk has been included on the CCG Corporate Risk Register. Meetings are taking place with both DCC and PHFT and a trajectory improvement plan has been agreed with an expectation of 75% compliance by the end of Quarter 4.

## **Review Health Assessments (RHAs)**

- 5.2 DHUFT is currently on an improvement trajectory to achieve 90% compliance for Review Health Assessments. Latest data suggests a compliance rate of 86.6%. Quality Assurance Audits of completed RHA's are now being completed. Areas requiring further improvement are vision, dental and immunisation status and ensuring that recommendations on the child's health plan are being taken forward and addressed. With the addition of a three-month follow up contact for all Looked After Children (LAC), it is anticipated that these areas will have been addressed by the end of Quarter 4.
- 5.3 Recruitment following increased investment in DHUFT is near completion. The Named Nurse for the Service has been recruited and will take up post by the end of May 2017. This is a key position in terms of leadership, management and governance of the Pan Dorset Team.

## **Joint local area Special Educational Needs and Disability (SEND) inspection in Dorset**

- 5.4 In January, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Dorset County Council (DCC) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The performance and quality for LAC with SEND status was reviewed as part of the inspection. The Inspectors acknowledged the strong leadership and vision for the LAC Service both by the CCG and it's provider since the last CQC Inspection (November 2015). There is improvement required in fully incorporating health plans within the Education Health Care Plan and the performance and quality of Initial Health Assessments. The Designated Nurse will work jointly with providers to address these areas to ensure full compliance for all LAC with SEND status is met and sustained.

## **NHSE Wessex Safeguarding programme**

- 5.5 As well as being one of NHS England's national priority areas, quality processes for LAC and Unaccompanied Asylum Seeker Children have been identified as a key work stream for the safeguarding programme. The CCG Designated Nurse has been asked to lead the LAC priorities regionally.

## 6. Safeguarding (Adults & Children)

- 6.1 The contractual Quality Safeguarding Schedules are being updated to reflect a family approach to safeguarding.
- 6.2 A targeted programme for meeting safeguarding requirements in primary care is being completed. Key areas of focus are compliance with the Section 11 audit, domestic violence and the relationship between safeguarding and substance misuse.
- 6.3 Following a recent retirement, an existing Named GP for safeguarding has taken on an additional adult session, offering the opportunity for greater adult and child safeguarding integration. A newly appointed GP will be covering the remaining child safeguarding session.
- 6.4 At the request of RBCHFT, CCG staff undertook a review of safeguarding within maternity services. The report is currently being finalised.
- 6.5 A number of Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs) are in progress. A report providing more detailed information will be provided at the next Governing Body.

### Primary Care

- 6.6 To date the CCG has been notified that there have been 89 CQC reports published relating to Dorset Practices, of which three were rated as 'outstanding', 77 were rated as 'good', six were rated as 'requiring improvement' and four rated as 'inadequate'.
- the latest published levels of attainment in January 2017 show Dorset practices are performing in line with national and regional trends for 'outstanding' and 'inadequate' ratings. However, in relation to 'good' and 'requires improvement' ratings Dorset practices are performing better than national and regional trends.

	National	South region	Dorset CCG
Outstanding	4.10%	4.50%	4.50%
Good	79.20%	77.40%	85.30%
Requires Improvement	12.70%	14.40%	5.70%
Inadequate	4%	3.70%	4.50%

- 6.7 A further six practices have been visited but have not had their report published yet. This leaves one practice left to be visited. This practice was not registered in time for the first round of inspections. They will be inspected at some point later this year.

- 6.8 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.
- 6.9 Northbourne Surgery was the first Practice to be rated as 'inadequate' in Dorset. The Practice has been re-inspected and has been removed from special measures. The current rating is now 'requires improvement'.
- 6.10 The Barn Surgery was placed in special measures in August 2016. They have recently been re-inspected and it is anticipated this will have a positive outcome once the report is published.
- 6.11 Herbert Avenue Surgery and Lanehouse Surgery have been identified as 'inadequate' and are both now part of a formal monthly quality oversight meeting led by the CCG in order to monitor progress.
- 6.12 Due to the numbers of Practices being placed in special measures NHS England will no longer be regularly attending the monthly quality oversight meetings for Practices rated as 'inadequate'. Instead they will attend at three months and on request of the CCG when experiencing any difficulties in the process.
- 6.13 The CCG has been advised that going forward annually 20% of Practices rated as 'good' or 'outstanding' will be re-inspected. This will be in addition to re-inspections to practices where breaches have been found previously.

## **Infection Prevention and Control (IPC)**

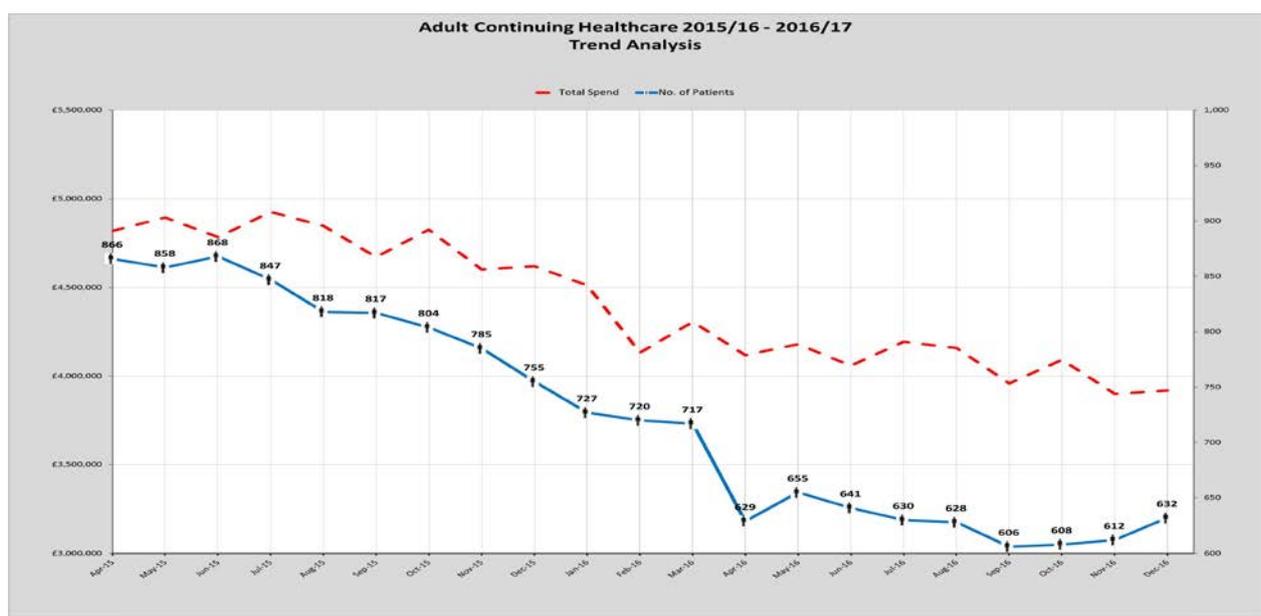
### **MRSA Bacteraemia**

- 6.14 A case of MRSA bacteraemia was reported as occurring within primary care in January 2016. A root cause analysis was conducted by the Dorset CCG IPC team and the case referred to the Regional Panel - the outcome is awaited.

## **3. Continuing Healthcare**

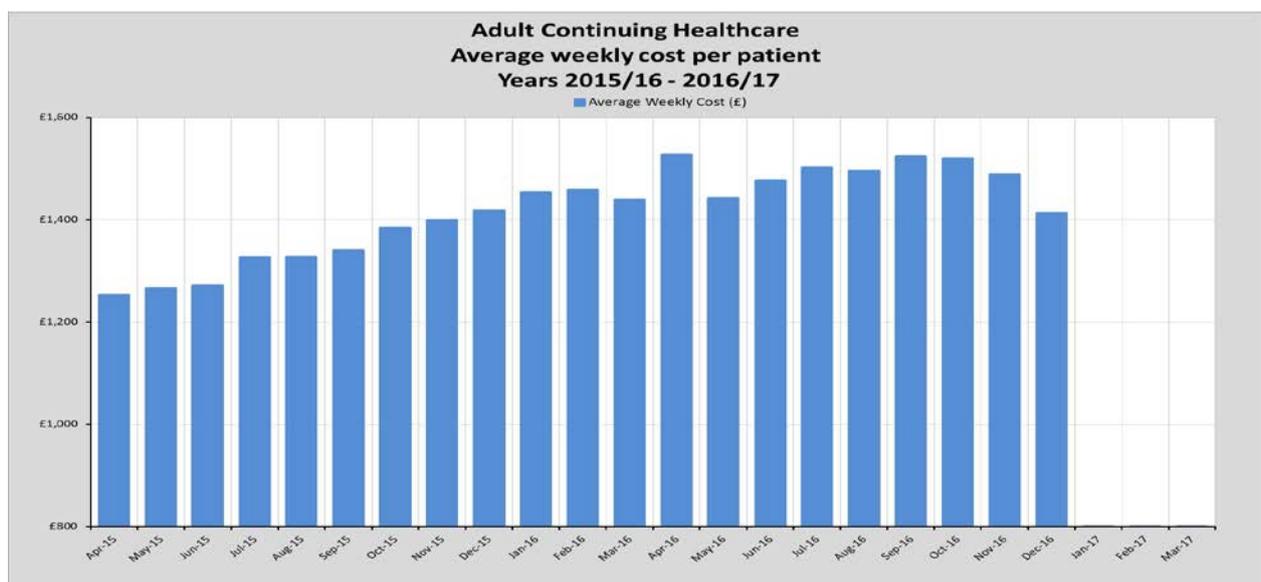
- 3.1 Table 1 below shows the activity data and trend analysis for the previous financial year and to date. This table has been included to illustrate the work that has been undertaken by the continuing healthcare teams around both decision making and reviews.
- 3.2 Although these figures remain in line with NHS England benchmarking figures that show approximately 1% of the population are in receipt of NHS funded Continuing Healthcare, and Dorset CCG currently sits at 133 out of 221 CCGs in this table, work is ongoing with the three local authorities to understand the impact on their services of this position.
- 3.3 Quarter 3 benchmarking data is not yet available from NHS England to update the meeting on current performance.

**TABLE 1**



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

**TABLE 2**



3.5 The Previously Unassessed Periods Of Care (PUPOC) project has been completed, work on clearing the remaining 40 retrospective cases continues prior to the next closedown announcement now expected later in the year.

3.6 A recent internal audit of personal health budget management and assurance has been completed, with the draft report received in 17 February 2017. An

action plan is currently being written to address the issues raised within the audit, none of which require urgent action.

- 3.7 Currently there are 80 children in receipt of continuing healthcare funding, hospice care or funded through the aligned budget mechanism. Of this number, 33 are in receipt of a personal health budget.
- 3.8 The year to date budget position for children's CHC is reporting an underspend of £543,319 with a forecast outturn position of a £996,441 underspend. Work undertaken within the children's and finance teams within continuing healthcare identified why this position exists, and as a consequence it is proposed that the children's budget for continuing healthcare be reduced by £500,000 for 2017/18 financial year.
- 3.9 Work has begun on both the Dorset care model and pooled budget proposal, and the home care project with Bournemouth and Poole in order to explore joint commissioning of both care at home and care home provision. A separate paper will be submitted to the Governing Body on the proposals for the Dorset County Council area.
- 3.10 Although the position within NHS funded Continuing Healthcare and Funded Nursing Care remains challenging, the work that is being undertaken is ensuring that these challenges are managed.

## 4. Conclusion

- 4.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 4.2 The majority of quality indicators show that quality of care is generally good.
- 4.3 However, some areas of concern have been identified which are being addressed appropriately.

**Author's name and Title:** Sally Shead, Director of Quality  
**Date :** 28 February 2017  
**Telephone Number :** 01305 368070

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Quality Scorecard</b>