

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	15/07/2015
Author	S Shead - Director of Quality V Read - Deputy Director of Quality
Sponsoring Clinician	Dr P French – Locality Chair for East Bournemouth
Purpose of Report	The report gives an overview of the current issues 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 approve the uplift to the Prescribing Budget as set out in Part C (page 20, paragraph 4).
Stakeholder Engagement	Stakeholder involvement undertaken by the Trust is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials SSh

Executive Summary

The report highlights key areas of good quality performance, areas for development and improvement, and key areas of concern.

As reported previously, Royal Bournemouth and Christchurch Hospital FT (RBCHFT) reported a Never Event in March 2015, referred to in section 2.1. The CCG have been actively involved in the investigation as a similar incident occurred in the Trust last year and immediate actions have been taken to prevent a recurrence.

The report contains more detail in relation to mortality rates and explains the current performance of each of the main providers that, in summary, are all within the expected range but Dorset County Hospital (DCH) is currently close to upper control limits.

The number of hospital acquired grade 3 or 4 pressure ulcers at RBCHFT reduced in May 2015 compared to previous reports; however the number of reported grade 2 pressure ulcers has increased.

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.

A number of the concerns regarding the complaints process at DCH were identified in the Quarter 3 independent review. These have been identified as areas for improvement in the Trust's annual complaints report.

111 services delivered by SWASFT are performing poorly in terms of call answering times, particularly at weekends and peak times. It is expected that the introduction of a ring fenced service from July 2015 will lead to improved performance in Dorset.

The IG toolkit for 15/16; version 15 has been released and introduces additional and more stringent requirements which are outlined within the report.

Health assessments for Looked after Children are showing a gradual improvement in Bournemouth and Poole. Improvements are not being made in Dorset's performance which has been escalated to the Director of Children's Services.

The child protection information sharing initiative is being introduced with Local Authorities nationally. Dorset, Bournemouth and Poole Local Authorities are reporting they will not have systems in place until 2018 to introduce this system

The Final outturn for the prescribing budget is higher than the forecast on which the uplift for 2015/16 was initially calculated and thus the Medicines Optimisation Group is seeking additional funding to allow a 3.3% uplift on the final outturn. This is a £684,000 cost pressure against the 2015/16 opening budget.

9.1

As the CQC are currently undertaking inspections within General Practice in Dorset, the quality directorate have provided support and advice to Practices if requested. The CQC are continuing visits to General Practices during quarter two.

The CCG is maintaining its focus on commissioning high quality care for all.

1. Introduction

- 1.1 The Quality Report is provided in three parts.
- 1.2 Part A outlines the quality performance of the commissioned provider organisations based on the five Care Quality Commission (CQC) inspection domains: - Are services safe, effective, caring, responsive and well-led?
- 1.3 Part B of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the CCG is an associate commissioner.
- 1.4 Part C of the report outlines performance of the CCG in relation to Quality.

PART A – MAIN PROVIDERS

2. Safe

Never Events

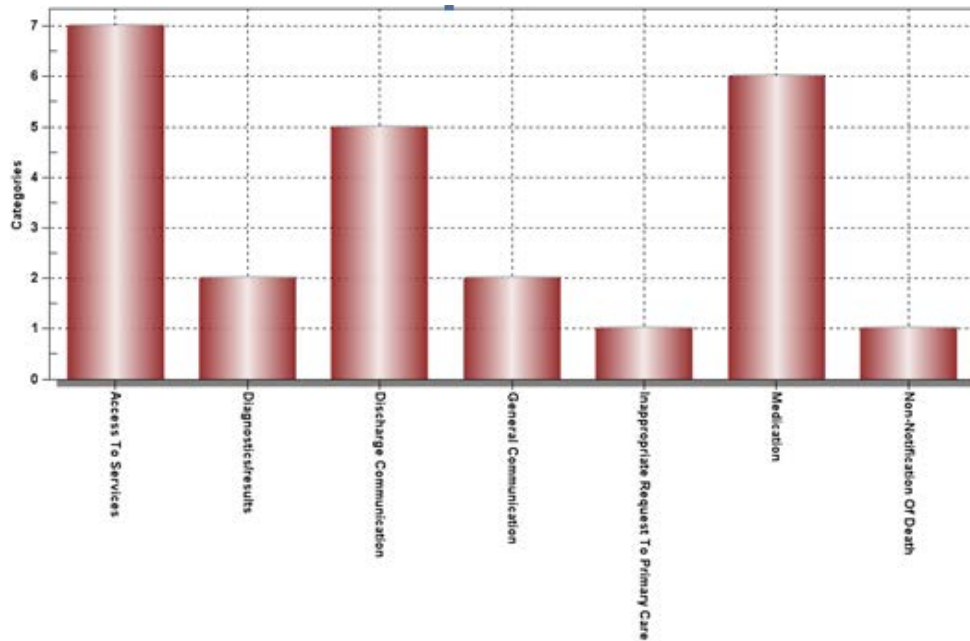
- 2.1 Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCHFT) reported one Never Event in March 2015 in relation to a retained guide wire following a cardiac procedure, similar to a previous incident in 2014. Whilst the Trust had successfully focused on ensuring compliance with the WHO Checklist for surgical procedures, less focus had been placed on ensuring the same level of compliance for Medical Physicians undertaking invasive procedures. Led by the Medical Director, the Trust has taken immediate actions to minimise this risk and this aspect of care will be monitored at future CCG visits to the Trust. Current overall compliance with the WHO checklist is 90%, the Trust are breaking this down to specialty and individual consultant level to ensure there is a targeted improvement programme.

Number of Serious Incidents reported by Trust

- 2.2 The data in relation to Serious Incidents for Quarter one 15/16 is not yet available; therefore there is nothing new to report since the previous meeting.

GP Intelligence Monitoring

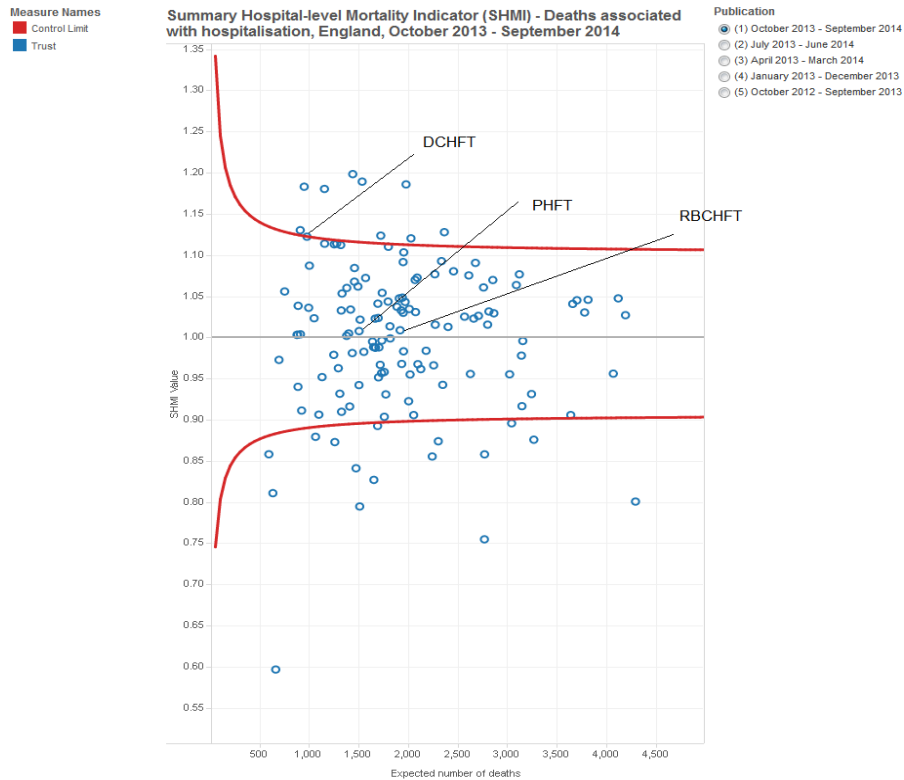
- 2.3 The process for obtaining feedback from providers in relation to GP intelligence has changed to promote timely responses and progress has been seen particularly in the West of the county. The responsibility for following up incidents reported has moved to the relevant quality lead for that provider who provides monthly updates which are fed back to the originator, the locality and captured at CCG wide level.



- 2.4 The key issues being reported relate to access to services, medication and discharge issues. All acute providers have agreed a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries. The main issues reported in relation to medication relate to the quantity of discharge medication provided to patients on discharge which is being followed up contractually with providers.

Mortality Rates

- 2.5 The latest available data is up to September 2014 and is shown below. All providers are within the expected range (band 2), although DCHFT is very close to the control limit. In summary, DCHFT had 120 deaths more than expected, Poole Hospital Foundation Trust (PHFT) had 11 deaths more than expected and RBCHFT had 16 deaths more than expected.

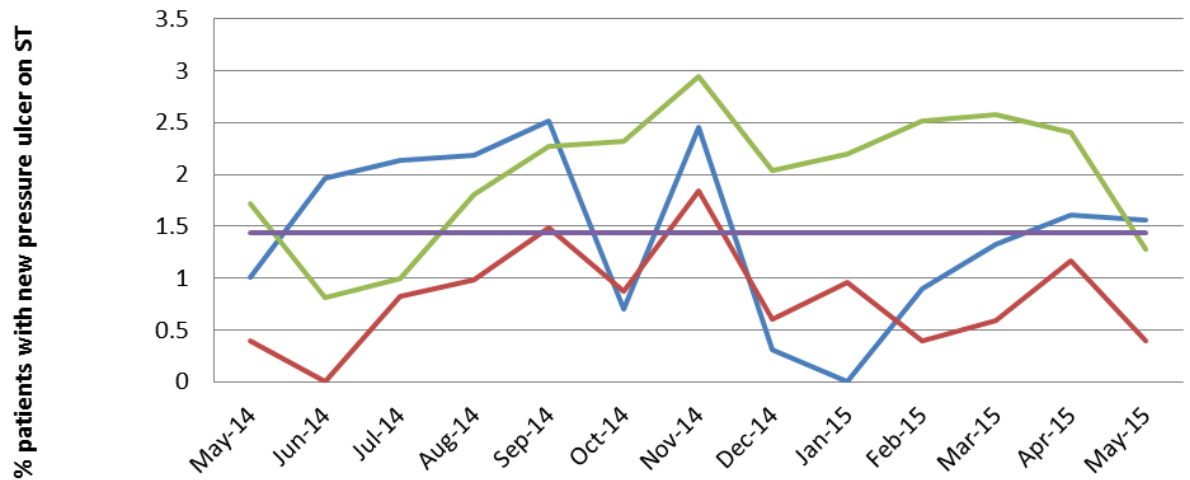


2.6 Whilst there is a lot of activity currently underway in all the local providers in relation to mortality and there has been some reduction in mortality rates, this has not been significant. Reducing mortality is a clear priority for all the acute providers in 2015/16 and will be closely monitored by the CCG. It is also one of the drivers for the Clinical Services Review. A further update will be provided in subsequent Governing Body papers.

Pressure Ulcers

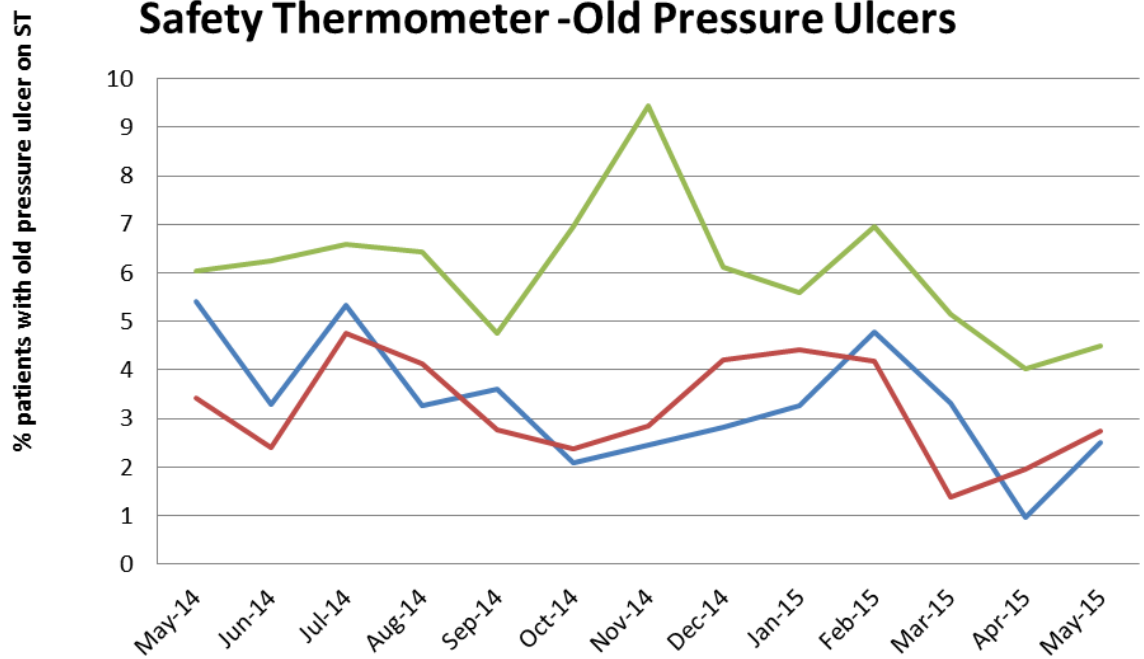
2.7 RBCHFT demonstrated an improvement against previous months in May 2015 with no reported Grade 3 or 4 pressure ulcers. However the number of reported Grade 2 pressure ulcers has increased.

Safety Thermometer - New Pressure Ulcers



	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
DCHFT New	1.01	1.97	2.14	2.18	2.52	0.7	2.46	0.31	0	0.9	1.33	1.61	1.56
PHFT New	0.4	0	0.83	0.98	1.49	0.87	1.84	0.6	0.96	0.4	0.59	1.17	0.39
RBCHFT New	1.72	0.81	1	1.81	2.27	2.32	2.94	2.04	2.2	2.51	2.58	2.41	1.28
Mean New	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44

Safety Thermometer - Old Pressure Ulcers



	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
DCHFT Old	5.41	3.29	5.34	3.27	3.6	2.09	2.46	2.82	3.27	4.79	3.33	0.96	2.5
PHFT Old	3.42	2.39	4.76	4.13	2.77	2.38	2.86	4.22	4.42	4.18	1.38	1.95	2.73
RBCHFT Old	6.03	6.26	6.59	6.43	4.75	6.95	9.45	6.11	5.59	6.95	5.16	4.02	4.5

Safeguarding Adults

- 2.8 The data below relates only to safeguarding training, overall compliance with mandatory training may differ as mandatory training is provided in subject specific training. Mandatory training is a composite indicator of all training completed against the Trusts training matrix.

Safeguarding Adults training compliance	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	68%	68%	68%	73%
Dorset Healthcare University NHS Foundation Trust	92%	92%	92%	93%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	86.1%	86.8%	86.3%	84.1%
Poole Hospital NHS Foundation Trust	69%	72%	76%	79%

- 2.9 Dorset County Hospital's compliance with Adult Safeguarding and Mental Capacity Act training remains below threshold. A contract query was issued to Dorset County Hospital on 17 April 2015; the CCG is now monitoring the improvement plan, with some improvements noted. Work has already been completed to separate the adult safeguarding training in to Levels one and two with competency based assessments.
- 2.10 Poole Hospital has recently changed the adult safeguarding structure and it is anticipated that this will have a positive impact on training levels.

Safeguarding Children

Safeguarding Children training – Level 2	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	47%	49%	54%	57%
Dorset Healthcare University NHS Foundation Trust	90%	90%	89%	90%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	84.6%	83.7%	81.1%	81.2%
Poole Hospital NHS Foundation Trust	88%	89%	90%	90%

Safeguarding Children Training – Level 3	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	66%	66%	64%	66%
Dorset Healthcare University NHS Foundation Trust	95%	95%	97%	96%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	81.7%	57.6%	43.2%	53.1%
Poole Hospital NHS Foundation Trust	85%	84.3%	85%	90%

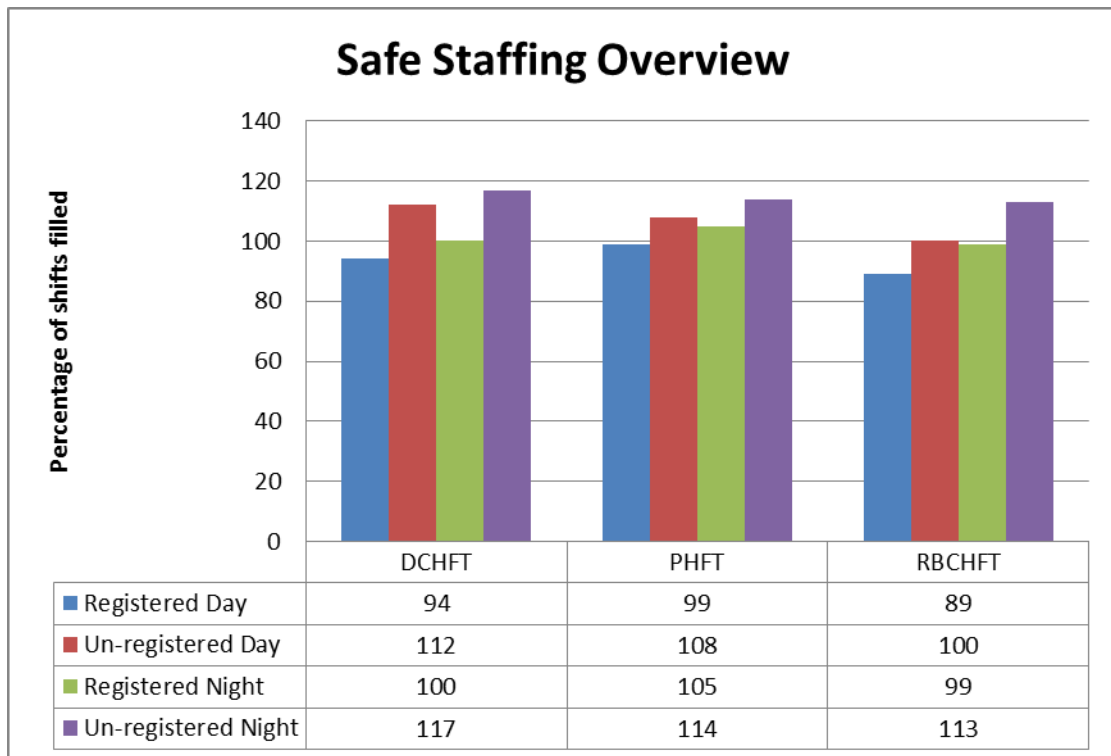
- 2.11 Dorset County Hospitals compliance with Safeguarding children's training, level 2 and 3 was raised as a contract query on 17 April 2015; an improvement plan is being worked through and the Trust has redeveloped the Level two training and is currently working with partners on availability for Level three training.
- 2.12 Bournemouth Hospital adjusted the cohort of staff requiring Level 3 training which resulted in an initial drop in compliance. A training programme has been sourced and the Trust is working jointly with Poole Hospital to ensure all eligible staff receives training. This has had a positive impact and training compliance is now at 77.6% at the end of May 2015.

Infection, Prevention and Control (IPC)

- 2.13 Year to date there has been two reported cases of MRSA bacteraemia; both relating to the same patient and provisionally assigned to the CCG. The CCG has conducted a root cause analysis and has subsequently put an appeal to the NHS England Regional for third party attribution as no lapses in care have been identified. The CCG will be notified of the outcome of arbitration in the near future. No providers have reported any cases to date.
- 2.14 In relation to C-diff; DCHFT have reported two cases year to date against a target of no more than 14 by year end, PHFT have reported three cases against a year-end target of no more than 15 and RBCHFT have reported two cases against a year-end target of no more than 14. Dorset healthcare have reported two cases against a target of no more than 12 by year end.

3. Effective

- 3.1 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The Trusts also display data on each ward demonstrating planned vs actual cover. All providers are reporting more staff on duty than planned which is being discussed with the providers to understand how the data is being collected to ensure accuracy. In the following graph some areas have more staff on duty than planned which is due to several factors including increasing number of support workers (unregistered) when there are registered nurse gaps in a rota and increased support workers when an individual patient requires one to one supervision. The lowest staffing rates of planned vs actual were observed at RBCHFT. [Data source NHS Choices]



- 3.2 Whilst for RBCHFT the fill rate of actual against planned has improved, variations continue between clinical areas. Overall, the month of April saw a 10.8% deficit in registered staff provision against the planned during the day. The Trust has undertaken a comprehensive national and international recruitment campaign and whilst this has been successful in recruiting nursing staff, it will be a number of months before these posts will be filled. In the meantime the Trust have assured the CCG that nursing levels are reviewed daily to ensure that safe care can be provided on each ward and areas of concern are raised and addressed via a red flag process.
- 3.3 As part of the development work with providers the CCG quality team will be looking at ways to align quality indicators to staffing levels within provider organisations. In order for this information to be meaningful it will require more detailed understanding of indicators by ward or departmental location which is currently not consistently available.

NICE

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

4. Responsive

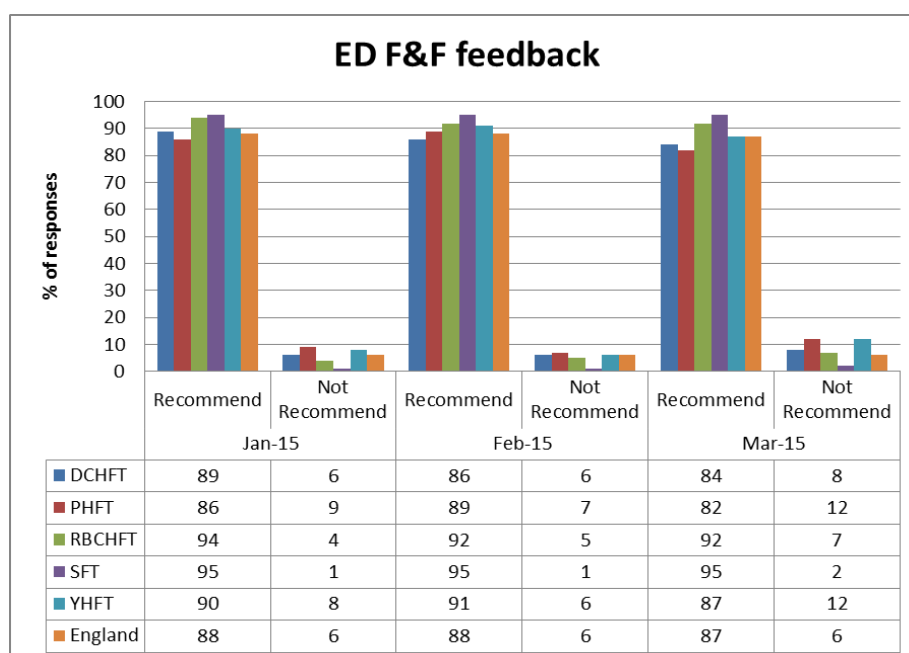
Emergency Department and Ambulance Handover

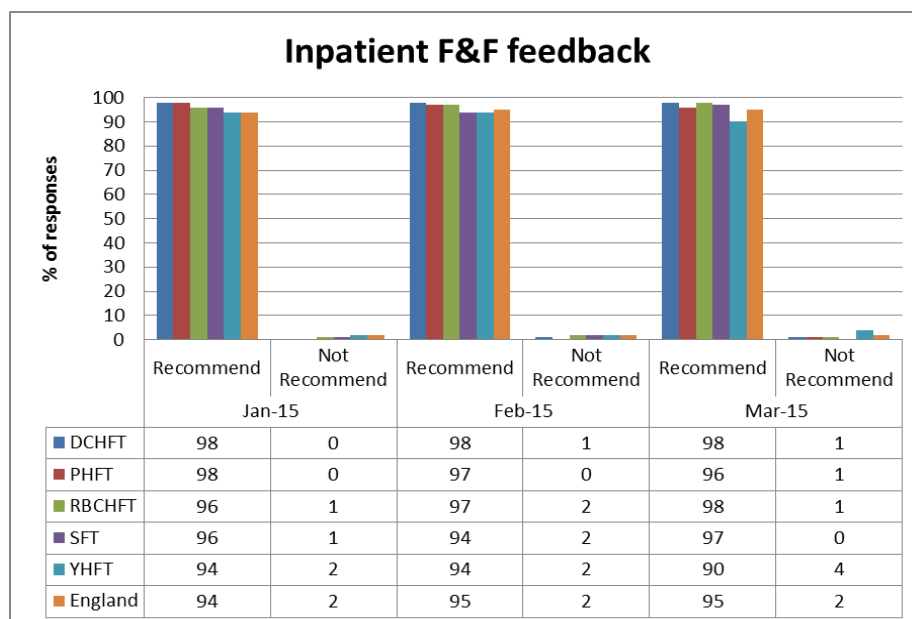
- 4.1 As previously reported, the Chief Executive of South Western Ambulance Services (SWASFT) has written to the Chief Executives of Bournemouth and Poole Hospitals in relation to their handover performance, the data SWASFT has provided suggests that these hospitals are the worst in the region for handover times. However, once validated, this data shows an improved position although still requiring improvement.
- 4.2 The CCG requested detailed action plans from each of the Trusts. The CCG will be taking these to a meeting with SWASFT in July to provide assurance to them that robust actions are in place. Both SWASFT and the acute Trusts have reported that there has been better engagement from all parties in working collaboratively to tackle the problem.

5. Caring

- 5.1 NHS Dorset CCG receives a number of complaints in relation to service providers. Some complainants copy the CCG in whilst others raise their complaint directly with the relevant provider. Providers submit reports regularly to the CCG on their complaints, as part of their contractual agreements, and these are discussed at contract review meetings.
- 5.2 Quarterly reviews of complaints continue to be undertaken, and a full report on the Quarter 4 reviews will be provided in the next Governing Body report.

Friends and Family Test





5.3 All providers continue to perform well with the Friends and Family Test score. The quarter four data suggests that Dorset County Hospital is performing slightly worse than the national average in relation to Emergency Departments. All scores for inpatient units remain well above the national average with the exception of YHFT.

6. Well-led

External reviews

- 6.1 A full CQC inspection of Dorset Healthcare University NHS the Trust took place during the week commencing 22 June 2015. The outcome is awaited.
- 6.2 Following the last CQC inspection, RBCHFT has been working to improve a number of key areas. Access to psychiatric liaison is now in place and the pathway for 16-18 year olds is almost agreed. Improvement within the stroke service has been challenging due to a number of factors and is being closely monitored. The Trust has been advised that they will be having a CQC inspection in October 2015.
- 6.3 Following feedback from the last Governing Body meeting members of the quality directorate have paid particular focus on call bells when conducting hospital site visits, all those patients spoken to and from direct observation there appeared to be no delays. Recognising that this only provides a snapshot and responses may vary at different times during a 24 hour period and at times of high activity.

Workforce issues

Appraisal rates

	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	85%	88%	88%	85%
Dorset Healthcare University NHS Foundation Trust	80%	73%	75%	91.8%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	75.4%	73.4%	72.4%	71.3%
Poole Hospital NHS Foundation Trust	75.3%	74.3%	76%	76%

Mandatory Training

	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	79%	79%	78%	81%
Dorset Healthcare University NHS Foundation Trust	89%	90%	88%	91%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	78.6%	79.4%	78.8%	75.5%
Poole Hospital NHS Foundation Trust	76%	79%	82.5%	85%

- 6.4 Mandatory training figures will differ from safeguarding training figures as this is a composite indicator of all mandatory training undertaken.
- 6.5 In the absence of any national benchmarking, the national survey results 2013/14 report an England average of 84% appraisal rate.

PART B – ASSOCIATE AND SMALLER PROVIDERS

1. Salisbury Hospital NHS Foundation Trust

- 1.1 The Trust missed their C-diff target at year end with 23 cases reported against a target of 18. The Trust's target for 2015-16 is nineteen cases. There were no MRSA cases reported during the quarter. The Trusts MRSA screening rate dipped in January for non-elective patients, but improved again in February and March.
- 1.2 The overall vacancy rate was 6.2% at the end of January (latest available data). This equates to c 178 FTE. When additional staffing (use of temporary agency / bank staff) is included the vacancy rate is 1.8%, c 51 FTE. The Nursing and Midwifery (NMW) vacancy rate is 50% higher than the Trust average at 9.5%. Nursing and Midwifery vacancies are partly mitigated by the use of bank/agency staffing.
- 1.3 During Q4 there was an increase in falls with 16 moderate/high harm falls reported during the period. Five of these falls resulted in fractures and have been declared as Serious Incidents. The Trust has carried out an aggregate analysis of these falls which demonstrated some non-compliance with nursing assessments, issues with patients mobilising to the toilet, The Trust's report concluded that a significant number of the issues identified in the RCA were incidental factors and would not have prevented the fall and in five cases the patient was medically fit for discharge when they fell. Key actions that the Trust is progressing include revisions to the nursing assessment, purchasing more sensor alarms and increased training for staff across the Trust.
- 1.4 There continues to be an issue with eliminating mixed sex accommodation with performance being amongst the worst in the country. Virtually all of these breaches relate to patients who become wardable after a stay in Intensive Care. This is a high priority area of focus for the Trust and they are looking to see what others have done to address this issue.

2. Yeovil Hospital NHS Foundation Trust

- 2.1 At the end of quarter four, 82.5% of staff who require Level 1 child safeguarding training are up to date with training, 61.4% for Level 2 and 65.8% for Level 3. For adult safeguarding, the compliance level is 63.4%. It has been acknowledged by the Trust that this level of compliance is static. Improving compliance in all these areas is going to be a key focus for 2015/16.
- 2.2 The number of grade 2 or above hospital acquired pressure ulcers totals 124 YTD. Of those reported 70 have been confirmed as avoidable, 34 as unavoidable and 20 have yet to be ratified against a year-end target reduction of 20% of no more than 98 avoidable cases. The rate per 1,000 bed days is 1.30 for March.
- 2.3 During quarter four the Trust reported two cases of MRSA Bacteraemia, neither of which related to Dorset patients. Both occurred in ICU. Investigations are ongoing.
- 2.4 The Trust achieved a year end position of 66.5% compliance with nutritional assessment against a target of 90%. 56% of patients reported that they were offered help with feeding against a target of 90%. Nutrition remains a key focus for 2015/16. The lack of Nutrition Nurse Specialist is on the Trust Risk Register.

3. South Western Ambulance Service NHS Foundation Trust

Urgent Care Service

- 3.1 Overall GP shift cover for Urgent Care Services in Dorset is good with year-end performance exceeding 93%. The Trust is generally performing well against the national quality requirements with only two areas of partial achievement. The first relates to urgent consultations at centres started within two hours (93.95% against a 95% target) and both urgent and less urgent home visits (91.85% and 94.22% against a target of 95%).

111 Service

- 3.2 The CCG has continued to raise concerns regarding weekend performance for call handling. Reasons for the underperformance relate to high call values, staff sickness and lack of availability of 'as and when' staff to fill the required gaps. SWASFT are currently working with a company called Process Evolution to review the shift patterns to meet performance targets. This is part of the programme of work with the CCG to ring-fence the Dorset 111 service and better integrate all the service-lines within the East Hub.

999 Service

- 3.3 Red 2 performance remains an issue, compounded by the dispatch on disposition pilot which has had approximately a 5% impact on performance in this category. There is a meeting arranged for the end of June for

commissioners and SWASFT to discuss this issue. A further update will be provided to the next meeting.

4. Smaller Providers

- 4.1 The process has commenced to procure a new Home Oxygen service although there is the potential that the current service may need extending for a further year to ensure a safe transfer of service to a new provider if required. The national framework has been delayed by the Department of Health which is required to progress the procurement. The new service is being procured regionally with NHS Kernow acting at the co-ordinating commissioner. A further update will be available following the contract management board on 1 July.
- 4.2 In February 2015 the CCG issued E-zec with a contract query in relation to quality reporting. All actions have now been completed and work is progressing with E-zec to address the issues around eligibility and abortions.

PART C – CCG

1. Information Governance

Information Governance Toolkit (IGT)

- 1.1 The IGT is the mechanism through which the NHS and related organisations demonstrate their compliance with Information Governance (IG) requirements – of which there are 28 for Clinical Commissioning Groups.
- 1.2 Although the Health and Social Care Information Centre stated that version 13 of the IGT was due to be released on or around October 2015, later than previous years, it was released on 01 June.
- 1.3 The submission for 2015/16 is due on/or prior to 31 March 2016.
- 1.4 Two of the requirements have been changed whilst the rest remain as in v12. Alterations include changes to certain requirement statements, descriptions, attainment level criteria and evidence. The table in appendix 1 outlines the major changes.
- 1.5 The changes in the evidence required are in line with the Government response to the Caldicott 2 report and changes in the NHS England Standard Contract.

Information Governance Development Plan for version 13 of the IGT

- 1.6 On examination of the changes the evidence required for submission of v13 is much more specific and stringent.
- 1.7 Many of the requirements will be harder to achieve and the work required considerable. As an example:
 - all information flows both in and out of the CCG will now have to demonstrate the legal basis for holding, use and sharing;
 - all contracts need to contain the requirements of IG;
 - there must be demonstrable audit trails detailing everyone who has accessed a patient record and the ability to provide audit trail information to service users upon request. This will apply to CHC, Complaints, IPT and any other part of the CCG that holds patient identifiable information;
 - ensure that all IT systems in use have an Information Asset Owner and that there is the appropriate risk assessment and business continuity plan for each system.
- 1.8 The IG Team will put in place a development plan to refresh and improve the CCG compliance with the new IG Toolkit standards. This will be formally reviewed by the IG Group, and the Audit and Quality Committee, to ensure all deliverables are attainable in light of any financial or resource constraints which may be relevant. It will describe the work required to substantiate current levels of compliance and work required to achieve level 2/3 compliance.

IG Training

- 1.9 The face to face IG Training is to be refreshed and updated and will be directorate specific.

Freedom of Information Requests received by NHS Dorset CCG, March and April 2015

	March 15	April 15
Total numbers of FOI requests received during the month	27	24
Total numbers of FOI requests that were closed within the statutory timescale in the month	20	12
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	1	0
Requests from the media	5	11

Please Note:

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

2. Customer Care

- 2.1 During Quarter 1, the Customer Care Team received 58 complaints, of which 31 relate to Dorset CCG. In comparison to the last quarter, this is an increase in the number received.

Current Continuing Health Care (CHC) applications

- 2.2 13 complaints were received regarding current applications for CHC. These included:
- the Fast Track Team failed to meet the criteria set out in the NICE Guidelines regarding assessment during end stage of life;
 - assessment that found someone not eligible for CHC funding was flawed and incorrect, and no family member was present at assessment;
 - IG Breach - check lists sent with decision letter did not relate to the patient's assessment;
 - delay in reviewing care needs and service provided by CHC;
 - complaint that Fast Track Team did not, as promised, put forward an application for CHC in October 2014;

- one relating to fast track funding applications, requesting full details of the dates and times and input of the requests for fast track funding and the detail and explanation as to its refusal;
- delays involved in making a reimbursement regarding Care Home fees, miscommunication by telephone and loss of original invoices;
- complaint about the CHC Assessment process.

Retrospective CHC applications

2.3 13 complaints were received relating to Retrospective Claims:

- complaint relating to Capita's process, and lack of response from member of staff in CHC;
- solicitor not had any communication from CHC since December 2014 regarding the progress of the application for retrospective CHC;
- 2 relating to refusal of requests for an extension to a review of assessment;
- complaint about wording in letter and inaccurate DST;
- CCG should have contacted all nursing homes to request them to keep records in case a retro claim for CHC was made.

Other Commissioning Issues

2.4 Four complaints were received relating to:

- Choose and Book availability of appointments;
- Policy Criteria for Tonsillectomy;
- Clinical Services Review plans.

Individual Patient Treatment (IPT) Funding

2.5 No complaints were received relating to unsuccessful IPT applications.

Information Governance

2.6 One complaint was received relating to an Information Governance Breach.

Outcomes and learning from complaints

2.7 All complaints are fully investigated and responded to and lessons learned are shared across the organisation. Themes, trends and learning are also discussed at the Concerns, Resolution and Learning Group. Details of these are reviewed by the Audit and Quality Committee quarterly.

Parliamentary and Health Service Ombudsman (PHSO)

2.8 All complainants are made aware that they have the right to contact the PHSO if they remain unhappy with the response to their complaint. The CCG has been informed of two referrals to the Ombudsman during Quarter One.

Accountability and Monitoring of Complaints

- 2.9 The CCG quality and contract monitoring team monitor and review all complaints in relation to service providers.

Concerns, Resolution and Learning Group

- 2.10 The next meeting of the Concerns, Resolution and Learning Group is scheduled to take place on 30 June 2015. A report will be submitted to the Quality Group.
- 2.11 Any issues identified will be escalated to the Quality Group as appropriate.

MP Letters

- 2.12 6 MP letters have been received during Quarter 1. The topics covered include the withdrawal of Personal Health Budgets, Individual Patient Treatment funding requests and a prescribing query.

Feedback Queries

- 2.13 The Customer Care Team dealt with 114 emails containing queries or requesting information that have been received in the CCG Feedback Inbox. Topics include the Clinical Services Review, requests for contact details, information for Medicines Management, prescribing queries, information for minority groups within Dorset; sourcing domiciliary dental services for nursing home and criteria for tonsillectomies.

3. Care Homes

- 3.1 The quality team have extended quality improvement support visits to residential homes. Homes have been selected using a risk based approach according to the number of residents funded through CHC and levels of concern raised through incident reporting and safeguarding. Themes identified include; Out of Hours calls and responses, over 75's project care plans, medicines management and need to improve incident reporting.
- 3.2 A new project focusing on improving hydration of people in residential, nursing and domiciliary care settings is being scoped for a formal proposal. There has been a similar project in Dorset Healthcare and information from this team is required to evaluate and develop the CCG proposal. Outcomes from this project would link to a number of other areas of care including admissions avoidance, continence and pressure ulcer prevention.

4. Medicines Management

Prescribing Budget Forecast and Budget setting

- 4.1 The unadjusted outturn for prescribing at practice level shows total full year spend of £107,890,308 against a budget of £106,232,942, which is a £1,657,366 overspend, or 1.56%.

- 4.2 The full prescribing budget position before final adjustment is £112,181,801 against a budget of £110,523,808, which is a £1,657,993 overspend.
- 4.3 The increase in spend is partially due to in-year cost pressures due to shifting of costs from NHS England into Category M drug increases (£800k approx.), the predicted increase in use of NOACs and general growth in spend on new drugs.
- 4.4 Budget setting for the 2015/16 financial year was based on the month 9 CCG reported forecast outturn positions. The Governing body previously approved an uplift of 3.3% on the 2014/15 month 9 outturn position of £111,523,808. However, as the final outturn has ended up higher than month 9, the equivalent monetary uplift if applied to the final outturn would be only 2.69%
- 4.5 This was discussed at the Medicines Optimisation Group and the group had concerns that a 2.69 % uplift on outturn would not be sufficient given the expected cost pressures in 2015/16.
- 4.6 These cost pressures are likely to come from supply shortages in some generic drugs is still a factor for 2015/16, and the growing trend in the use of NICE approved advised NOACS.
- 4.7 Overall growth in prescribing in 2014/15 over 2013/14 was 3.99%. A part of this high growth rate experienced was due to the in-year announcement of an increase in the price of category M drugs causing an expected £800,000 in year cost pressure. So for 2015/16, an uplift on outturn of 3.3% should be an appropriate amount under the expectation that this £800k cost pressure was a one off.
- 4.8 The Medicines Optimisation Group seeks the approval of the Governing body to award an uplift of 3.3% on the final outturn for prescribing.
- 4.9 This represents an estimated £684,000 cost pressure against the 2015/16 opening budget.

Medicines Optimisation Group (MOG)

- 4.10 A meeting of the Medicines Optimisation Group was held on the 9th of June, Dr Simon Flack was re-elected as the chair.
- 4.11 The ability of electronic repeat dispensing to release many practice hours is being promoted by NHS England and the CCG medicines management team will be supporting the implementation of electronic repeat dispensing and monitoring progress of practices in this financial year. Implementation is facilitated by good communication between the GP practice and their local pharmacies but ultimate control for which patients are signed up to the system and prescription control after signing remains with the GP.
- 4.12 Drug costs for the PbR excluded high cost drugs have increased by 11% in 14.15 compared to 13.14; with the final outturn at £12,354,273 due to new NICE

guidance plus existing guidance and, in many areas, more patients starting treatment than stopping.

Medicines Safety and Quality

Antibiotic Usage

- 4.13 Dr Michael Moore of Wiltshire and Southampton University, Professor of Primary Care, has presented a talk on the Target toolkit to the North Dorset locality. This has been filmed to be available to other localities and practices for future educational events.

Medicines Dashboard

- 4.14 The Medicines Optimisation dashboard has been updated and is available on the following link:

<http://www.england.nhs.uk/ourwork/pe/mo-dash/>

- 4.15 The measures are not purely of medicines or prescribing, but include QoF comparisons and prevalence data. They have been circulated to the GP prescribing leads in the CCG to inform clinical discussions at locality or practice level.

Controlled Drugs

- 4.16 The pan Dorset Drug related Deaths Confidential Enquiry Panel met on 26 May 2015. Details were received of two deaths related to overdose of Pregabalin, illicitly obtained. This is the first time that the drug has appeared in the Dorset statistics and the individuals had accessed significant quantities of the drug. The service providers in the substance misuse services will be reminded of the Public Health England advice and the requirements to submit yellow cards, particularly around the deaths, but for addiction issues as well.

Primary Care Palliative Care Service

- 4.17 This is a service commissioned from community pharmacies in the county to guarantee to hold a range of palliative care drugs that may be needed in an emergency, and in a greater bulk than may normally be stored in a pharmacy. Most of the pharmacies taking part are open longer hours to ensure availability.
- 4.18 A review of the service will be undertaken in August. In advance of this discussions have taken place on the suitability of the drugs list, and palliative care consultants have been asked to review the current list. It is expected that only very minor amendments will be necessary.

Guidance on the prescribing and supply of contraceptives to under 16s

- 4.19 Following a recent Serious Case Review the medicines management team were asked to produce concise guidance around the prescribing of contraceptives to patients under the age of 16 years for the benefit of GP colleagues. The guideline has been shared with the Dorset Medicines Advisory Group and

Medicines Optimisation Group to ensure it covers all scenarios by which a patient may be prescribed or supplied a contraceptive. The guidance is available on the formulary pages and the medicines management pages of the CCGs internet site.

5. Looked After Children (LAC)

- 5.1 Performance within Bournemouth and Poole Local Authorities in meeting the Initial Health Assessment (IHA) Statutory Requirements for LAC continues to improve. Due to Dorset County Council (DCC) children's service not always providing notification or consent within the required timeframe, this is not the case in Dorset despite an agreed action plan in January. This has now been escalated to the DCC Director of Children's Services DCC and deadline for improvement has been agreed for the 1st August 2015.

Local Authority	February (15)	March (15)	April (15)
Bournemouth	100%	56%	100%
Poole	40%	100%	100%
Dorset	56%	33%	27%

- 5.2 Following recent publication of both the revised Statutory Guidance for Looked after Children and the Intercollegiate Document, there are a number of statutory requirements which the CCG must meet. Of note, the recommendation of 1.0 WTE specialist nurse per 100 Looked after Children would indicate that this service is under resourced within the current commissioning arrangements. The Designated Nurse is working closely with the current provider to consider the recommendations and the provider has commissioned an independent advisor to support the review of both the LAC and CAMHS Services for these children.
- 5.3 The Annual Report for Looked after Children will be presented to the Board in September and will provide a comprehensive overview of the current commissioned services.

6. Safeguarding Adults

- 6.1 Progress is being made in implementing the Care Act and Making Safeguarding Personal across Dorset, Bournemouth and Poole. The revised procedures are being completed and will be taken through the boards for ratification.
- 6.2 Discussion around the role of the Designated Adult Safeguarding Manager (DASM) for the CCG has begun, the role will maintain an oversight of all of complex safeguarding cases within provider organisations to seek assurance that each enquiry is progressed and concluded in a timely manner, whilst meeting the desired outcomes of the individual.
- 6.3 The Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 becomes statute on 1 July 2015. The act places a duty on the CCG in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". Healthcare professionals in primary care and mental health services may meet and treat people who may be

at risk of radicalisation and extremism. To support this, the Adult Safeguarding Nurse Specialist and Lead Safeguarding GP have been delivering PREVENT training to primary care.

- 6.4 Work has been undertaken in collaboration with CHC to look at the scoping for the requirements of the community DoLs applications. A meeting has been held between the CCG, DHUFT and CHC to establish and determine roles and responsibilities for completing the relevant applications for these individuals. Relevant training has been arranged for staff requiring it.

7. Safeguarding Children

Child Protection Information Sharing CP-IS

- 7.1 The Child Protection – Information Sharing (CP-IS) project is an NHS England initiative that, when implemented, will help to deliver the Department of Health policy "Making sure health and social care services work together". The CP-IS system went live in areas across England in November 2014. CP-IS focuses on improving the protection of children who have previously been identified as vulnerable by social services when they visit the following NHS unscheduled care settings. In Dorset, CP-IS is being led by the IT Leads Group. There have been considerable issues for the 3 Local Authorities implementing this initiative due to IT system compatibility and it has been reported that appropriate systems will not be in place until 2018.
- 7.2 Both Bournemouth Borough Council and Dorset County Council are looking to invest in a new case record system, but this is expected to be a long term project, taking them through to the end date for implementation of 2018. Poole Borough Council have been in discussion with the Department of Health, as they will need investment to upgrade their current system making it ready for CP-IS. The DH understands that Pan Dorset we will be noncompliant until 2018.
- 7.3 Summary Case Record exists for most patients across NHS Dorset. The design of CP-IS is set up to use this mechanism to enable appropriate NHS staff to view a CP-IS record. The take up of staff regularly accessing to view summary case record is generally still poor. However, to encourage clinicians to access CP-IS, whilst none of our 3 authorities have their information on it, seems counterproductive, and may make it harder to encourage staff to use it when Dorset LAs become compliant.

Child Sexual Exploitation

- 7.4 In March 2015 the Government published its response to the chronic failures to protect children from sexual exploitation in Rotherham. A key factor in this was sharing information. An accompanying letter sent out to strategic agency leads, including GPs, clarifies how and when personal information should be shared and how agencies should work more closely in the future.
- 7.5 The local jointly commissioned service for Missing Children and children at risk of Child Sexual Exploitation (CSE), which was awarded to Barnardos, is due to

commence in July. Barnardos are currently working with partner agencies to finalise how this will operate.

- 7.6 A Health working group has been established to oversee the response to CSE across all Dorset Health providers, and will link with the National Health Working Group lead by NHS England.

Serious Case Reviews

- 7.7 The three Dorset Serious Case Reviews (SCR), all involving adolescents, are now under way. The reviews are not due for completion until the end of the year. Early findings will be fed into the Child and Adolescent Mental Health Services (CAMHS) redesign currently being led by the CCG, to ensure all learning is able to be considered and actioned.

Multi-Agency Safeguarding Hub

- 7.8 Dorset Healthcare University NHS Foundation Trust (DHUFT) staff have been providing health information within the Multi-Agency Safeguarding Hub (MASH) since 1 April. This has already reported improvements in the timeliness of decision making where children are at risk of abuse neglect and domestic violence. There have been initial problems with the physical infrastructure at Poole Police Station e.g. IT systems and desks; Dorset police are working with DHUFT to resolve these.

Female Genital Mutilation Enhanced Dataset

- 7.9 Issued by the DoH in June, the Female Genital Mutilation (FGM) Enhanced Database sets out the legal requirement that all GP practices will be required to submit information under the Enhanced Dataset when treating patients who have FGM, from October 2015.
- 7.10 A resource pack has also been issued to all GP practices, providing GPs with a variety of information including: an awareness raising DVD, Safeguarding guidance, Information leaflets for patients and a summary for GPs of the implementation of the enhanced dataset.

8. Primary Care

- 8.1 To date members of the Quality Directorate have visited 17 GP Practices with further visits planned. These have covered a range of issues including:
- Medicines Management/Prescribing;
 - Patient Safety and Risk;
 - Quality Improvement;
 - Adult Safeguarding;
 - Mental Capacity Act;
 - Child Safeguarding;
 - Professional practice and staffing;
 - Infection Prevention and Control;
 - Customer Care/Complaints;

- End of Life Care;
- Learning Disability;
- Dementia.

- 8.2 As a result of these visits practices have requested further training in respect of adult safeguarding and Prevent. Other areas of quality improvement work already considered are; End of Life Care linked to long term conditions, dementia awareness and promotion of champions in Practices, Mental Capacity Act requirements including consent and Deprivation of Liberty Safeguards.
- 8.3 Following a vacancy arising in the Quality Improvement team a decision was made to restructure the Healthcare Facilitator roles to ensure a more generic approach and a Quality Improvement Facilitator was appointed in March 2015 who will commence in post in June 2015. A major focus for this post holder will be Practice Nursing facilitation. This will include non-registered healthcare assistants also working in a variety of roles in Practices. Some initial work has already been undertaken jointly with Bournemouth University to support the Health Education Wessex aim to increase student placements in GP practices. Student placement experience is recognised as an influence of career choices for newly qualified nurses.

9. Infection Prevention and Control

- 9.1 There have been 2 MRSA bacteraemia (blood infections) reported so far this quarter, both related to repeated infection in a single patient. The first has been reviewed by Dorset Clinical Commissioning team with Primary Care and has been reported as having no lapses in care received. This case has been referred to the Regional Panel for third party status. Following discharge, the patient was readmitted with further symptoms and confirmed as MRSA bacteraemia, and investigation continues with Dorset Healthcare.
- 9.2 The number of *Clostridium difficile* (CDI) cases totals 27 for April and May. Acute cases have been reviewed and of the 9 cases attributed to local trusts to date, 5 have been found unpreventable, with no lapse in care. Community cases are being reviewed by the IPC team with General Practitioner support. The number of cases for the Dorset cluster is in line with expectations for this quarter.
- 9.3 E. Coli 055; There has been a re-appearance of Haemolytic Uraemia Syndrome cases in Dorset with 4 cases in a single family. Investigations by PHE so far has failed to identify any cause and review is continuing.
- 9.4 E. Coli bacteremia cases reported total 42 for April and 59 for May, which is comparable for this quarter. There is no evidence of outbreak within acute units where ribotyping has excluded same strains where cases are linked.
- 9.5 Outbreaks of viral diarrhoea including norovirus continued through April with restrictions and closures to 3 wards in Poole Hospital and restrictions to wards in one of the community hospitals. 5 care homes have reported to Public Health England. There have been no reports since the end of May.

- 9.6 Campylobacter cases for April totalled 26, and in May rose to 76 for the Dorset with no reports of outbreaks.
- 9.7 Meetings continue to take place in both the east and west of the county bringing together general practice nursing staff with responsibility for Infection Prevention and Control. The meetings support work taking place in Primary Care to raise awareness of current guidelines and, by sharing good practice and innovation, to ensure a safe patient and staff environment.

10. Nursing and Midwifery Council (NMC) Revalidation

- 10.1 The CCG continues its work to ensure that CCG employed nurses are able to revalidate in April 2016. In addition the CCG has been given responsibility to oversee revalidation in primary care to ensure that all nurses and practices understand the requirements for revalidation. The CCG is currently scoping this issue with each practice.

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 a Never Event at RBCHFT, Safeguarding training at DCHFT, pressure ulcers and IG compliance at RBCHFT, 111 services at SWASFT and Looked After Children.
- 11.3 The cost of Primary care prescribing will increase during the year and the Medicines Optimisation Group have provided information which indicates a further allocation of funds to this budget will be required.
- 11.4 Key areas for improvement and development are being progressed, particularly in relation to Looked after Children, CQC inspections, Antibiotic prescribing and Nursing & Midwifery Revalidation.

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APPENDICES	
Appendix 1	Changes to v13 of IG Toolkit for 2015/16

Changes to v13 of IG Toolkit for 2015/16

No	Requirement Description	Evidence Update
130	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda	Guidance added from the Department of Health in response to the Caldicott 2 Review regarding organisations to strengthen their leadership on information governance.
230	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	Information added about Caldicott Guardians working with others involved in information governance and the DH requirement for Guardians to be appropriately trained.
231	Staff are provided with clear guidance on keeping personal information secure, on respecting the confidentiality of service users, and on the duty to share information for care purposes	<ul style="list-style-type: none"> • Information added about NICE Clinical Guideline 138 and Quality Statement 15 for commissioners • Additional guidance on the duty to share.
232	<p><u>New Requirement Statement</u> Confidential personal information is only shared and used in a lawful manner and objections to the disclosure or use of this information are appropriately respected.</p> <p><u>Previous Requirement</u> Personal information is shared for care but is only used in ways that do not directly contribute to the delivery of care services where there is a lawful basis to do so and objections to the disclosure of confidential personal information are appropriately respected</p>	<ul style="list-style-type: none"> • Revised guidance on the NHS Constitution Rights and Pledges added; • Clarification on the extent of implied consent; • Guidance added on the need to report via the IG SIRI Tool any activities that involve the use or sharing of confidential personal information that do not have a lawful basis; • Additional guidance on informing service users about their rights in relation to the use of their information for secondary purposes; • Attainment level 1 refocused on identifying the purpose for using and sharing confidential personal information; • Attainment level 2 refocused on ensuring that all information sharing has a legal basis; • Attainment level 3 refocused on service user engagement.

No	Requirement Description	Evidence Update
234	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	<ul style="list-style-type: none"> • Revised guidance on the NHS Constitution Rights and Pledges added; • Guidance added on removal of barriers to sharing and sharing with a carer; • Guidance added about access to information obtained through new or non-traditional approaches; • Guidance added on recent Government Policy confirming individuals' rights to have full online access to their health and care records.
235	<p><u>New Requirement Statement</u> Staff access to confidential personal information is monitored and audited. Where care records are held electronically, audit trail details about access to a record can be made available to the individual concerned on request.</p> <p><u>Previous Statement</u> There are appropriate confidentiality audit procedures to monitor access to confidential personal information</p>	<ul style="list-style-type: none"> • Revised guidance on the NHS Constitution Rights and Pledges added; • Reference to managing incidents in line with HSCIC guidance; • Guidance added about the need for audit trails to detail everyone who has accessed a record and about providing audit trail information to service users; • Level 3 statement updated and additional attainment level added to reflect new guidance on audit trails.
236	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines	<ul style="list-style-type: none"> • Updated list of third countries recognised by the European Commission as providing an adequate level of protection for personal data; • Guidance added on the NHS Constitution.
341	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed	Inclusion of reference in guidance and attainment level to online / internet facing systems

9.1

No	Requirement Description	Evidence Update
345	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	<ul style="list-style-type: none"> • Added SIRO responsibility to ensure each care systems information asset has an assigned Information Asset Owner. • Added IAO responsibility to maintain the operational effectiveness of their assigned information assets.
346	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place	Cyber based scenario added.
348	Policy and procedures ensure that mobile computing and teleworking are secure	Equipment Ownership section of guidance - addition of reference and guidance for organisations proposing a Bring Your Own Device (BYOD) scheme.
349	There are documented incident management and reporting procedures	<ul style="list-style-type: none"> • Added guidance on new functionality that enables cyber SIRIs to be reported via the IG Toolkit Incident Reporting Tool; • Added the reporting of processing of personal data without a legal basis, where one is required, to the Board; • Added guidance on apologising for data breaches; • Attainment level 2a amended to include a requirement to report level 2 IG and cyber security breaches using the IG and Cyber Security SIRI Tool; • New attainment level 3c regarding providing information and an apology to individuals whose confidentiality has been breached.
351	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures.	In mandatory safeguards section of guidance, reference to adequate plans needing to be in place for migration from retired operating systems.
421	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	Revised guidance on applicable systems added.