

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	18/01/2017
Authors	S Shead, Director of Nursing and Quality
Sponsoring Board Member	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	The report gives an overview of the current issues relating to quality for the CCG: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance • Medicines Management
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trusts is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	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

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 Reported mortality rates at DCHFT remain a concern.

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 The anticipated improvement in mortality rates has not occurred at DCHFT. The Medical Director is commissioning a further external review of the Trust's processes. Further information has been requested from the Trust.

Neonatal services

2.2 The re-designation of the neonatal unit will take place on 9 January 2017.

Mixed Sex Accommodation (MSA)

2.3 RBCHFT reported four breaches in November. A full RCA is being completed by the Trust.

Infection Prevention and Control

- 2.4 The C Difficile rate is over trajectory for RBCHFT. The infection control team has been running C Diff awareness sessions for all clinical staff over the last month to highlight the importance of early recognition, sampling and management.

3. Effective

Stroke

- 3.1 For DCHFT, The current available overall SSNAP score has risen from a Level E to a Level D. There has also been improvement at PHFT with an increase in overall level from a D to a C. The Trusts continue to work with Bournemouth Hospital through the Vanguard to improve performance.

Children & Adolescent Mental Health Services (CAMHS)

- 3.2 A deep dive report in relation to CAMHS is being prepared for submission in February 2017 to the Audit and Quality Committee at their request. Recent CAMHS waiting times have improved.

IAPT (Steps to Wellbeing)

- 3.3 There are access problems to this service. DHUFT is preparing a trajectory to improve this position. The long term solution may require additional resource which the Trust is looking at.

Pain service

- 3.4 The pain service has experienced problems in recruiting to Consultant posts which has led to long waiting times. The Trust has several actions during December and January to address this issue, including waiting list audits, group sessions for those waiting and redirection of referrals through triage.

4. Caring

Complaints

- 4.1 The CCG undertook a 'deep dive' review of the complaint service at RBCHFT in November which identified a number of areas of good practice and areas for development. The findings have been shared with the Trust to take forward.

5. Well-led

External reviews

- 5.1 Following an external peer review, RBCHFT received a notification of serious concern in relation to the care of patients with Cancer of Unknown Primary. The Trust provided a comprehensive response to the findings, including actions taken which will be monitored through the monthly Contract Review Meeting.

6. Responsive

Ambulance Handover Delays

- 6.1 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. Salisbury Hospital NHS Foundation Trust

- 1.1 Of note there have been no mixed sex accommodation breaches over the last quarter, having previously been an area of poor performance.
- 1.2 From April 2017, NHS Dorset CCG will become an associate to the Wiltshire CCG contract.

2. Yeovil District Hospital NHS Foundation Trust

- 2.1 The Trust has approached RBCHFT for support in improving its stroke services.
- 2.2 Following the recent CQC inspection, the Trust has commissioned a review by the Royal College of Paediatrics of its paediatric and young person ward. This follows concerns raised about the age profile of patients placed there.
- 2.3 From April 2017, NHS Dorset CCG will become an associate to the Somerset CCG contract.

3. South Western Ambulance Service NHS Foundation Trust

111 Service

- 3.1 The oversight teleconferences ceased at the beginning of October when the new service in Devon (Vocare) commenced. 111 call answering is below expected levels. The Trust has submitted a trajectory to get to a position of improved performance during February 2017. The dip in performance was due to staff turnover and time to recruit and train new staff.

- 3.2 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 Assessment 2016/17

- 1.1 At present the IG Team are working on ensuring robust correct evidence is in place for the submission of the 2016/17 IGT. Actions/procedures that need to be in place for the introduction of the GDPR, plus recommendations from national reports are in the process of being implemented.

IG Training

- 1.2 Directorate specific mandatory IG Training for 2016/17 continues. To date eleven sessions have been completed. It is anticipated that all staff will have attended a mandatory session, as required by the IG Toolkit, prior to the end of February 2017.

- 1.3 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.

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.

The IG Team are to review the new materials from NHS Digital and consider a blended approach to the IG Training for 2017/18.

Data Security Trends

- 1.4 Dorset CCG continues to have a number of data security incidents. These relate to data being posted, or emailed, to an incorrect recipient. From this two official complaints have been received.
- 1.5 Investigations take place with processes being reviewed and amended where appropriate. AIRS forms are completed. These are reviewed at the meetings of the IG Group. IG Training continues to highlight the need for care and/or seeking advice prior to posting or emailing personal information.

2. Customer Care

- 2.1 During Quarter 3 the Customer Care Team has received 36 complaints, of which 20 complaints relate to Dorset CCG.

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

Parliamentary and Health Service Ombudsman (PHSO)

2.2 The PHSO has requested information relating to three cases during Quarter 3. The findings in two cases previously under investigation by the PHSO are:

- one complaint upheld;
- one not upheld.

MP Letters and Feedback queries

2.3

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

3. Care Homes

3.1 The Care Homes Quality team delivered a successful fourth Care Homes' conference – 'Living Well in Older Age'. Two mini conferences for Domiciliary and LD providers will be delivered in January on the theme of supporting people in their own homes and applications have been invited for the Care Home manager leadership programmes in 2017. Working in collaboration with urgent and emergency care colleagues, acute, primary care and community providers the care homes team are supporting the successful bids for the GP resilience funding. The aim of each project is to support primary care by enhancing care delivered in care homes thereby reducing avoidable admissions to hospital and promoting well-being through the winter pressures. Quality monitoring will continue and it is planned to share the findings from the ABABCUSS tool with localities to highlight where areas of improvement may be achieved collaboratively.

4. Medicines Management

4.1 Practice visit schedule: the medicines team have undertaken prescribing advice visits to all Practices in the CCG. The locality pharmacists also attend the locality prescribing meetings where they take place, or if asked to present at other locality meetings.

- 4.2 Budgetary Impact: Generic prices for the medicines in Category M of the drug tariff are expected to fall month on month in the first quarter of 2017; this should be worth approximately £600k for this CCG, assuming the maximised use of generic medicines. NOAC cost pressures continue to increase by around £150k per quarter, so we are continuing to forecast a break-even on prescribing for 2016/17.
- 4.3 **Delegated Commissioning and DSQS:** (Dispensing Services Quality Scheme): at the end of December 2016 all but three Practices have received a visit from a senior pharmacy technician to discuss DSQS.
- 4.4 The remaining Practices have opted not to receive a visit, for two practices this was due to staffing/time constraints.
- 4.5 Following on from their initial visits there have been significant positive progress made by some Practices. Where this is most marked, the Practices have utilised the support available from the Dispensing Doctors Association (DDA), the Medicines Management Team and nearby dispensing practices. This has strengthened working relationships locally and increased confidence within the dispensary team. Concerns regarding the safe storage of medicines have been raised following visits to several dispensing Practices.
- In particular, there have been questions about the level of security expected in the dispensary and the appropriateness of other staff accessing dispensaries in and out of hours. Practices are being instructed to risk assess current processes to ensure that medicines are kept secure, and in line with legal requirements.
- 4.6 Advice has been issued on the requirement to ensure full recruitment checks are carried out before dispensers are allowed to start work.
- 4.7 Learning is being shared in the form of a bi-monthly medicines management newsletter for dispensing practices. This has been shared with the Wessex Head of Medicines Management (HoMMs) network.
- 4.8 Antibiotic premium: NHS Dorset CCG met the indicators for the 2016/17 antibiotic premium for the year to August 2016. The measures for 2017/18 have changed and are now focussed less on the use of Cefalosporins, Quinolones and Co-amoxiclav. The new measures focus on Reducing Gram Negative Bloodstream infection.
- 4.9 The medicines team are currently measuring current achievement of these measures and forecasts as to whether they are likely to be achieved, and the outlying Practices where the most work will need to be done. Resources to support this are being developed.
- 4.10 The Hampshire and Isle of Wight antibiotic guidelines are currently being reviewed and, as Dorset is contributing to the review, we will be recognised in the title.

- 4.11 Medicines Safety: Between September and November 2016 there were ten notifications received from MHRA. Of these, five were determined to have the potential to affect the safety of primary care patients locally. The relevant Practices have been contacted and asked to review the relevant patients in line with guidance issued from MHRA.
- 4.12 Practices are using the national PINCER tool for undertaking medicines audits this financial year. This is supported by the AHSN and is a validated safety tool to identify patients at risk from multiple medicines, or at risk of side effects if medicines are not being used appropriately. This requires the Practices to download and run the tool once to identify the at risk patients, and to repeat the tool to see if improvements have been made.
- 4.13 Practices that have not yet run the tool are being contacted to make sure it is undertaken early enough in the year to be valid.

5. Looked After Children(LAC)

Initial Health Assessments (IHAs)

- 5.1 Performance for IHA's completed within the statutory 20-working day time frame remains a key focus Pan Dorset. Challenges continue for Dorset County Council (DCC) following their restructuring. Meetings have been arranged with the new DCC service lead for LAC to gain overview of the improvement plan. Pan Dorset performance was at 45% in August and 71.4% in September, however delayed notification and consent to Poole Hospital Foundation Trust (PHFT) by DCC during October has caused a Pan Dorset decrease to 50%. A position statement around activity and quality has been requested from PHFT and a full update will be presented in the next Quality report.

Review Health Assessments (RHAs)

- 5.2 DHUFT has continued to underachieve in meeting their performance indicator of 90% for Review Health Assessments. A full analysis has now been concluded giving assurance that the outstanding RHA's will be addressed by the end of Q4 bringing performance back in line. Monthly review meetings between the CCG and Provider during the transition period of a new workforce profile being implemented. It is anticipated that all posts will be filled by the end of April 2017.

6. Safeguarding Adults

- 6.1 The Pan Dorset Self – Neglect guidance was launched in November.
- 6.2 The CCG is currently involved with four Domestic Homicide Reviews.
- 6.3 The Learning Disabilities Mortality Review (LeDeR) programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. Currently there are three reviews taking place across Dorset, Bournemouth and Poole, which are being supported by the Lead Safeguarding GPs.

7. Safeguarding Children

- 7.1 The recent suicide of a young person triggered concerns of a potential escalation of harm to other vulnerable young people. There was proactive and successful intervention involving all agencies, including third sector and community groups, working with a group of adolescents who were identified as being below the radar of services, missing and out of education and deemed at risk of self-harm and possible risk of suicide.
- 7.2 The MASH project is progressing well. All agencies are anticipated to be co-located by end of January 2017 with a launch event planned by the LSCB in April.

8. Primary Care

- 8.1 To date the CCG has been notified that there have been 80 CQC reports published relating to Dorset Practices, of which three were rated as 'Outstanding', 69 were rated as 'good', five were rated as 'requiring improvement' and three rated as 'Inadequate'.
- 8.2 A further 14 practices have been visited but have not had their report published yet. This leaves two practices left to be visited. It is expected that all inspections will be completed by the end of January 2017.
- 8.3 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.
- 8.4 Northbourne surgery has been re-inspected and is expected to be removed from Special Measures when the report is published.
- 8.5 The Barn surgery and Herbert Avenue surgery have been identified as 'Inadequate' and are both now part of a formal monthly improvement monitoring process led by the CCG with support from NHS England and the Local Medical Committee.
- 8.6 A further practice, The Old Dispensary, has been rated as outstanding.

9. Infection Prevention and Control

- 9.1 Surveillance continues to be monitored within the Joint Trusts Review Group meetings.

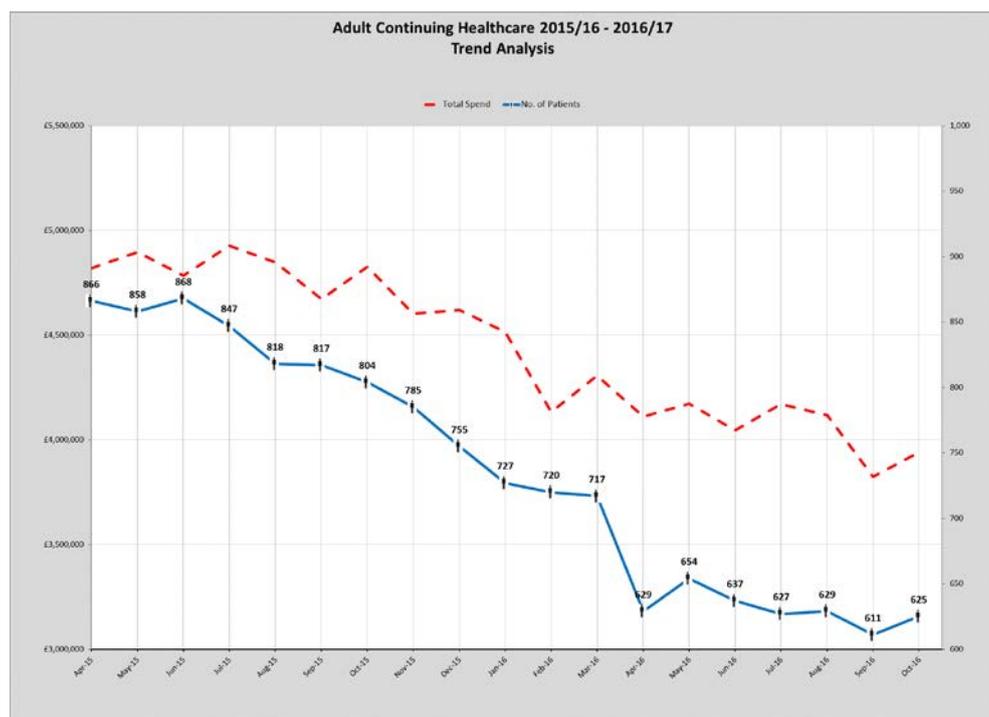
MRSA Bacteraemia

- 9.2 A case of MRSA bacteraemia was been reported as occurring within primary care in November 2016. A root cause analysis was conducted by the Dorset CCG IPC team and the case referred to the Regional Panel, who confirmed no deficiency or cause was found related to healthcare.
- 9.3 A successful half day conference, 'Making Infection Prevention & Control Easy' was held for 75 nurses from the community, care homes and acute trusts across Dorset to support good standards of preventative practice.

10. Continuing Healthcare

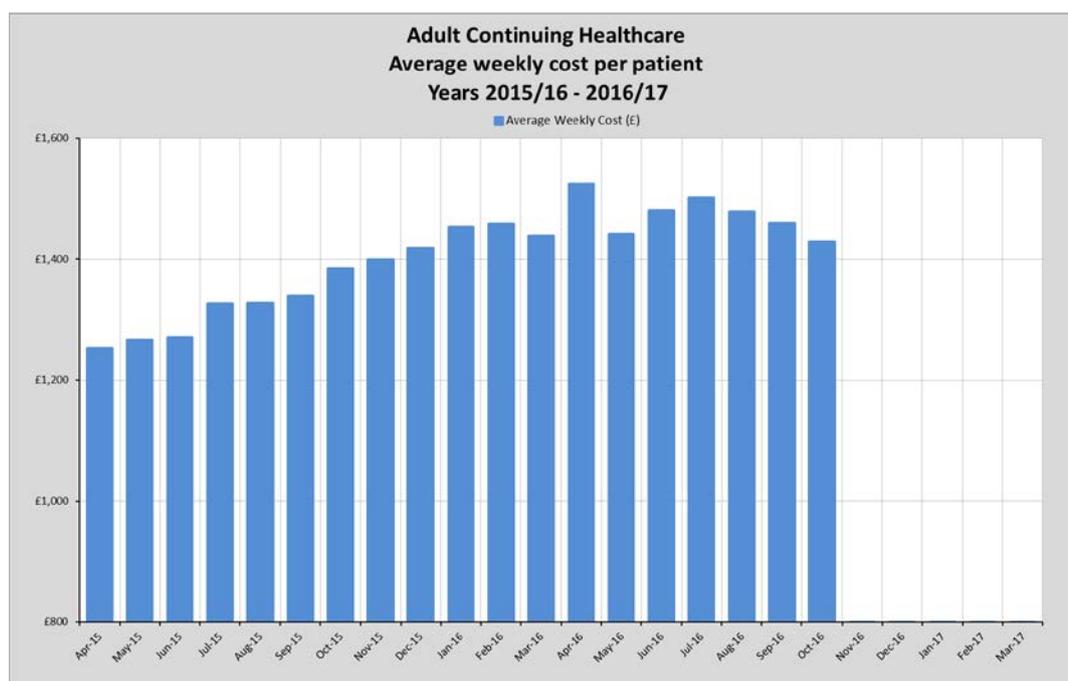
- 10.1 Table 1 below shows the activity data and trend analysis for the previous 19 months. This table has been included to illustrate the work that has been undertaken by the continuing healthcare teams around both decision making and reviews.
- 10.2 The latest figures remain in line with NHS England benchmarking figures that show approximately 1% of the population are in receipt of NHS funded Continuing Healthcare at any one time.
- 10.3 Quarter 3 benchmarking data is not yet available from NHS England to update the meeting on current performance.

TABLE 1



- 10.4 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



- 10.5 The Previously Unassessed Periods Of Care (PUPOC) project has been completed, with all cases within Dorset having had an initial assessment decision by 31 December 2016. This is thanks to a huge effort within the team in order to meet this stretching target.
- 10.6 Having cleared these cases, work will now commence on clearing the remaining 40 retrospective cases which will help meet the next closedown announcement expected in the spring.
- 10.7 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.
- 10.8 The year to date budget position for children's CHC is reporting an underspend of £544, 672 with a forecast outturn position of a £933,722 underspend. Work is currently being undertaken within the children's and finance teams within continuing healthcare to identify why this position exists.
- 10.9 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.

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.

11.3 However, some areas of concern have been identified which are being addressed appropriately.

Author's name and Title: Sally Shead, Director of Quality

Date : 3 January 2017

Telephone Number : 01305 368070

APPENDICES	
Appendix 1	Quality Scorecard