

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

<b>Date of the meeting</b>	20/01/2016
<b>Authors</b>	S Shead, Director of Nursing and Quality V Read, Deputy Director of Nursing and Quality
<b>Sponsoring Clinician</b>	Dr P French, Locality Chair for East Dorset and Clinical Chair for Mental Health Clinical Delivery Group.
<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 [delete as necessary]</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>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		
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Initials : SSh

## 1. Introduction

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

### SECTION A – OVERALL QUALITY PERFORMANCE

- 1.3 There have been two Never Events reported – one at The Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCHFT) and one at Poole Hospital Foundation Trust. The first related to the administration of an incorrect insulin dose given via a non- insulin syringe, the second related to the retention of a swab following a laparoscopic procedure. Both incidents are under investigation and the root cause analysis will be shared with the CCG on completion.
- 1.4 The current reported Summary Hospital-level Mortality Indicator remains higher than expected for Dorset County Hospital Foundation Trust (DCHFT) and RBCHFT. They do however remain within national expected range. DCHFT has commissioned an independent review of their mortality rates.
- 1.5 As previously reported, safeguarding training at Dorset County Hospital fell below expected levels and the Trust was issued with a Contract Query which required them to take remedial action to improve. There have been some noted improvements with performance of greater than 90% compliance across all areas.
- 1.6 The CQC visited RBCHFT during October and the outcome of this visit is awaited.
- 1.7 The CQC report in relation to Dorset HealthCare was published on 16 October. The overall rating for the Trust was “requires improvement”. A breakdown of the rating by service is included within section B4 of this report.

## SECTION B – MAIN PROVIDERS

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

### 2. Safe

#### Never Events

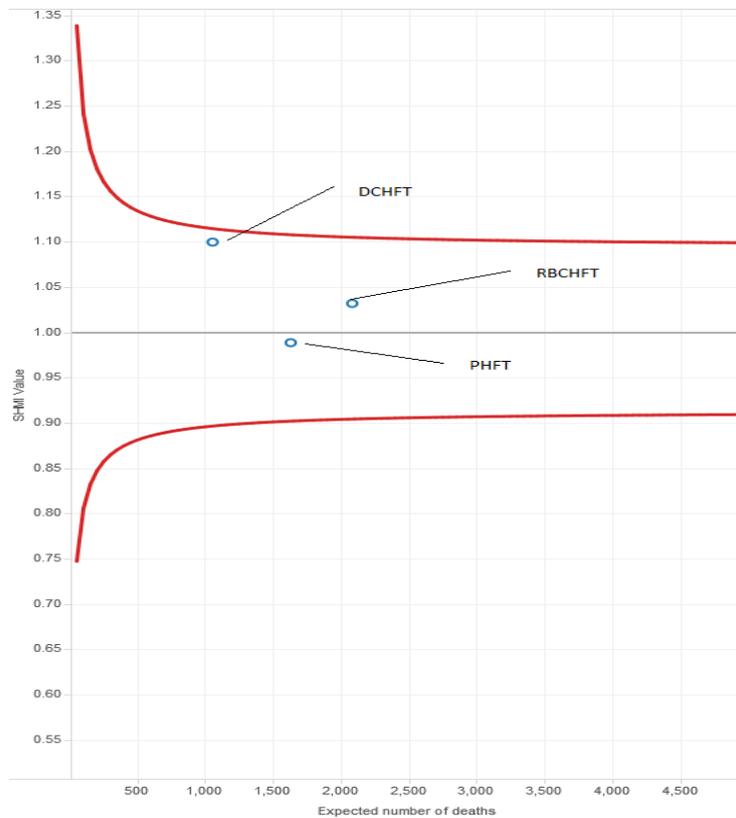
2.1 There have been two new never events since the last report, as detailed in Section A of this report.

#### Stroke Services

2.2 The overall published stroke performance data remains as reported at the last Governing Body Meeting. There has been a dip in the percentage of patients spending 90% of their stay on a stroke unit at DCHFT and the medical division has developed a stroke action plan to address all the areas of underperformance.

#### Mortality Rates

2.3 The latest available data is up to March 2015 and is shown below. All providers are within the expected range (Band 2). PHFT's performance remains good and further improvements are required at DCHFT and RBHFT. The DCHFT external mortality review has been conducted during December and will be shared with the CCG in January.



- 2.4 The CCG will continue to receive updates and assurance from the Trust at each Quality review meeting and contract meetings.

## **WHO Checklist**

- 2.5 Compliance with the WHO surgical checklist remains variable across providers. Current performance suggests that PHFT is currently reporting compliance of 87.5%, RBCHFT is report 93.2% and DCHFT is reporting 99.6%. The target for surgical checklist completion is 100%. The Trusts are sharing learning with each other to support improvements in this area.

## **Nutrition Assessments**

- 2.6 All providers remain lower than expected compliance in relation to nutritional assessments. All Trusts have developed plans to improve performance and capture information more reliably. Current performance at DCHFT is 80.67%, PHFT is at 88% and RBCHFT is at 89%.

## **Pressure Ulcers**

- 2.7 As previously reported the CCG has identified a reporting discrepancy in the way that RBCHFT are collecting and reporting on pressure ulcers in comparison with the other two acute Trusts. This was discussed at the Patient Safety Provider Event in December and it is evident that there are different interpretations of reporting, and so standardising this across the Trusts continues to be a key piece of work.

## **Staffing**

- 2.8 The performance on mandatory training and appraisals at RBCHFT remains low. There has been some improvement with the Trust reporting 61.3% compliance with appraisal rates in November and 81.1% compliance with mandatory training.
- 2.9 There have been improvements in appraisal rates at PHFT with performance moving from red on the scorecard to amber (80%). The Trust has also slightly improved compliance with mandatory training with 85% compliance reported in November.
- 2.10 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The Trusts also display data on each ward demonstrating planned versus actual cover. The latest data can be found: [www.nhs.uk](http://www.nhs.uk)

## **Mixed Sex Accommodation**

- 2.11 Since the last report PHFT have reported one breach affecting three patients in the critical care unit as a result of no available ward beds. RBCHFT has also reported breaches affecting eight patients in the critical care unit due to lack of available ward beds.

## **Safeguarding**

- 2.12 DCHFTs compliance with Children's Safeguarding, Adult Safeguarding and Mental Capacity Act training has further improved with greater than 90% compliance across all areas.
- 2.13 Compliance with adult safeguarding / Mental Capacity Act training remains low at PHFT despite a number of targeted actions in recent months to increase compliance. Further analysis undertaken by the Trust identified that whilst other staff disciplines performed strongly there was a low uptake in training (57%) by medical staff. In response, the Trust has confirmed that individual medical staff will not be granted study leave until such time as they are fully compliant with mandatory training. The Trust has been advised at the recent CRM that failure to improve compliance may result in contractual action being taken.
- 2.14 Compliance with Level three children's safeguarding training and adult safeguarding training continues to improve at RBCHFT. The Trust is not reporting the training figures for MCA training in the monthly scorecard. Following a request for this information the Trust confirmed 85.1% compliance. Further information has also been requested about how training is delivered.

## **3. Caring**

### **Complaints**

- 3.1 There remains an issue across all the acute providers with responding to complaints within agreed timescales. The CCG's Professional Practice Lead has conducted deep dives on complaints and embedding learning following complaints across all providers. Recommendations have been made to all the Trusts which will be monitored through the clinical quality review meetings.

## **4. Well-led**

### **External reviews**

- 4.1 The final CQC inspection report for DHUFT was published on 16 October 2015. The overall rating for the Trust was "requires improvement". There are 16 published reports covering all services each with a corresponding rating.
- 4.2 Initial actions have been taken to resolve immediate concerns, and the Trust has met with CQC and is finalising the action plan to address the identified areas for improvement; progress against the areas for action will be monitored through the contract review meetings.
- 4.3 The CQC have announced inspections will take place as follows over the coming months:
- RBCHFT – Inspection took place in October 2015, the report will be published in due course;
  - SFT – Inspection took place in December, the report is awaited;

- PHFT – Inspection to start on 26 January 2016;
- DCH – Inspection to start on 8 March 2016;
- YDH- Inspection to start in March 2016.

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

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

### **1. Salisbury Hospital NHS Foundation Trust**

- 1.1 Continued issues relating to Mixed Sex Accommodation breaches, although some improvements have been seen.
- 1.2 Mortality rates are higher than expected, but remain within control limits.
- 1.3 The appraisal rate is poor at 63%.
- 1.4 A CQC visit was conducted in December 2015.

### **2. Yeovil Hospital NHS Foundation Trust**

- 2.1 Staff turnover remains high at 14.5%; this figure does not include Junior Doctors.

### **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 cover of 96. There is generally good compliance with the national quality requirements with no areas of non-compliance noted. There is one area of partial compliance which relates to urgent home visits.

#### **111Service**

- 3.2 Since the Dorset service was ring-fenced from 1 July, there has been a significant improvement in the percentage of calls answered within 60 seconds. During November the performance hit 94.42% compared with 70% in quarter four 2014/15. There have been improvements in all areas of performance since the ring-fenced service commenced.

#### **Ambulance Service**

- 3.3 Performance across Dorset remains better than in the North of the SWASFT region.

## **E-zec**

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

## **PART D – CCG**

### **1. Information Governance**

#### **IG Toolkit**

- 1.1 The IG Team continue to progress the work required to achieve the requirements of the IG Toolkit.

- 1.2 The focus to date has been:

- Directorate specific IG Training;
- Data Mapping across Directorates – this will now identify the legal basis for holding personal information;
- Revising the IG policies and merging them into one IG Policy.

#### **IG Training**

- 1.3 The Directorate specific IG Training for 2015/16 is in progress. The number of sessions held to date is 5 with a total of 157 staff attending. A further 8 sessions are scheduled for January/February 2016.
- 1.4 The IG Team have recently completed a number of IG Training sessions for GP Practices. These are via request from the Practice and are held on Practice premises. The feedback has been good.

#### **Freedom of Information Requests received by NHS Dorset CCG in August, September and October 2015**

	<b>Aug 15</b>	<b>Sept 15</b>	<b>Oct 15</b>
Total numbers of FOI requests received during the month	32	29	19
Total numbers of FOI requests that were closed within the statutory timescale in the month	30	28	19
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	2	1	0
Requests from the media	10	2	3
Consideration of the Public	1	4	0

	Aug 15	Sept 15	Oct 15
Interest Test			

**Please Note:**

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

**2. Customer Care**

- 2.1 During Quarter 3, the Customer Care Team received 52 complaints, and three compliments, of which 33 complaints relate to Dorset CCG. In comparison to the last quarter, this is an increase in the number received.

Complaints Relating To	Quarter 3
Current CHC application	18
Retrospective CHC	9
Other commissioning issues	5
Individual patient Treatment	1

**Parliamentary and Health Service Ombudsman (PHSO)**

- 2.2 The PHSO has requested information relating to four cases received during Quarter 3. One case previously referred to the PHSO has been partially upheld.

**MP Letters and Feedback queries**

Number of	Quarter 2
MP enquiries	11
Feedback and Involve enquiries	200

**3. Care Homes**

	Nursing Homes	Residential
<b>Number of nursing homes in Dorset closed and beds lost since 1 April 2015</b>	<b>5/131*</b>	<b>1/36</b>
<b>Number of nursing homes opened in Dorset and new beds available since 1 April 2015</b>	<b>1/37</b>	<b>0</b>
<b>Number of nursing homes on contractual block as at 30 December 2015</b>	<b>6</b>	<b>4</b>
<b>Number of Nursing beds due to</b>	<b>129</b>	

<b>open in 2016</b>		
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- 3.1 \* This number includes a 20-bed home where all residents have been removed but the home is not officially closed. The overall number of available beds fluctuates constantly however the homes that have closed were as a result of provider decision in the light of significant financial pressures.

The CCG team continue to support the homes under contractual block with quality improvement plans.

- 3.2 Learning from recent care home closures is informing the review of current protocols. It is anticipated that there will be a Pan-Dorset agreed policy or standard operating procedure in place by March 2016. The updated joint service specification agreed with all three Local Authorities is also due to be in place for the new financial year.

- 3.3 Incident reporting has been encouraged with support from the care homes and patient safety teams as this provides information on the quality of services. Serious incident reporting (e.g. falls and pressure ulcers) for NHS funded residents is increasing and RCA investigations and actions recorded were all appropriate. We are exploring further mechanisms to collate quality information with other healthcare professionals.

- 3.4 The team delivered a successful two-day conference with a theme of transfers of care on 4 and 5 November 2015. The conference was opened up to include managers from residential and domiciliary care providers for the first time. Delegate evaluations were positive overall, with sessions on Information Governance, managing challenging behaviour, a presentation by a GP from Weymouth Elderly Care Services over 75s project and the panel question and answer sessions were particularly well received.

- 3.5 The CCG are supporting care homes with nursing to ensure readiness for Nursing and Midwifery Council (NMC) revalidation in the Independent Care Sector. It is anticipated that all care homes with nursing and a smaller number domiciliary agencies will need to be prepared by April 2016 to support staff in their professional requirements.

## **4. Medicines Management**

### **Prescribing Budget Forecast and Budget setting**

- 4.1 The forecast outturn for the CCG prescribing budget based on year to October 2015 is to be overspent by £1.87m, overall or £1.68m at practice level. We have been seeing high levels of growth in prescribing spend in 2015/16 of over 6% on the previous year. Part of this is due to the increases in Category M drugs late in 2014/15 that are still having an impact, and part of this is due to general increased in medicines spend, and growth in NOAC (new anticoagulants) prescribing, which has been predicted for three plus years and is now reaching exponential levels.

- 4.2 NHS England has now announced a Category M price cut to be implemented during the last quarter of 2015/16 so this will generate savings of over £600k, but the price change will not be seen until the final month of the year (figures released in May) as it is a monthly price change.

### **Antibiotic prescribing and Quality Premium**

- 4.3 The antibiotic dashboard for data up to September 2015 shows that Dorset CCG volume of antibiotic prescribing continues to decrease slowly, and is within the required limits to achieve quality premiums. The proportions of broad spectrum antibiotics are also within the required levels to deliver the quality premium at present. There is always a risk that there is an increased level of prescribing in the winter months, but with practices auditing practice and concentrating on their antibiotic use, it is hoped that this won't make a significant difference.

### **Medicines Optimisation Dashboard**

- 4.4 The Medicines Optimisation Dashboard is a public facing tool that compares a number of prescribing and medicines management related measures against national, regional and local area benchmarks. In general, Dorset performs very well against such benchmarks. There are some exceptions, detailed here, with the actions the medicines team is taking to address them.
- 4.5 Repeat Dispensing: With the management of long term conditions, repeat dispensing, particularly through EPS (Electronic prescription Service) repeats can be a tool to improve prescription management and reduce workload at practice level. At present Dorset has only 2.87% of all prescriptions as repeat dispensing, compared to a national average of 7.5% and Wessex average of 4.9%.
- 4.6 During 2015/16 there have been a number of training events, and practices have been going EPS live with support from IT. The locality pharmacists have been encouraging the practices to engage with local pharmacies to identify patients and setting measures at practice level to generate increased numbers of repeat dispensing electronic prescriptions.
- 4.7 A number of the locality prescribing leads are making good progress in their practices, so it is hoped that this learning can be shared.
- 4.8 The advantages of repeat dispensing is that it can considerably free up the workload for practices in managing the generation and signing of repeat prescriptions each month, and there is good evidence that patients like the service. For pharmacies the advantage is to be able to manage workload. In future it is likely that legislation will enable greater automation of dispensing in the community and this will lead to greater efficiencies for the NHS.
- 4.9 NSAIDS: Dorset is also an outlier in the prescribing of Non-steroidal anti-inflammatory (NSAIDs). In this case, it is lowest in the percentage of Ibuprofen and Naproxen as a proportion of all NSAIDs. This measure was originally introduced to support reducing the amount of Diclofenac and other NSAIDs shown to be harmful to the Cardiovascular (CV) system. In Dorset our levels of

Diclofenac prescribing are very low, and thus the purpose of the safety measure has been achieved.

The reason Dorset performs less well on this specific measure on the Medicines Optimisation Dashboard is due to the levels of prescribing of Meloxicam as an alternative to Naproxen and Ibuprofen. Our practices tell us this is because patients like the once daily dosing.

- 4.10 The clinical rationale for Meloxicam is less convincing when looking at the concerns about CV and other side effects, and the locality pharmacists are challenging prescribers with this information. An audit undertaken in practices during 2015/16 should also result in improvements in prescribing.

The full medicines optimisation dashboard can be found at:  
<https://www.england.nhs.uk/ourwork/pe/mo-dash/>

### **Internal Audit**

- 4.11 The actions required from the internal audit of the functions of the medicines team have now been completed, and suggested improvements included in the medicines team workplans for 2016/17 to ensure they are maintained.

### **Controlled drugs**

- 4.12 Prescribers are being challenged on the prescribing of short acting opiates that are known to cause harm when used long term. In particular in the last quarter, the prescribing of Dipipanone (previously branded as Diconal) has been challenged. This is part of ongoing monitoring of potentially excessive prescribing.

## **5. Looked After Children (LAC)**

- 5.1 The number of Looked After Children in Dorset has continued to rise in line with the national trend and currently stands at 1,698. This figure now includes Looked After Children placed in Dorset by other Local Authorities, care leavers up to the age of 21 years and young adults with a Special Educational and Disability Needs (SEND) status who are considered to be looked after until their 25<sup>th</sup> birthday.
- 5.2 Poole Hospital, as the commissioned provider for Initial Health Assessments (IHAs), continues to underperform as a direct result of previous failure by Dorset County Council (DCC) in not providing notification and consent on behalf of the child to proceed with the initial health assessment. As this is a breach in meeting statutory regulations this area has been registered as an organisational risk for the CCG.
- 5.3 This underperformance has been escalated to the relevant Director of Children's Services who has committed to addressing the issues within DCC to clear the back log. Improvements have been seen in December 2015. Monthly progress meetings continue and it is anticipated that the performance indicator should demonstrate significant improvement by February 2016.

- 5.4 Currently all children attend Poole Hospital to receive an IHA. A second location has now been identified and agreed in the Dorchester area and it is anticipated that the service will commence in early 2016.
- 5.5 Dorset HealthCare University NHS Foundation Trust (DHUFT) continue to underperform in meeting their KPI's in respect of Review Health Assessments and the Provider has submitted a business case to the CCG requesting an increase in resources to meet the growing demands of the service.
- 5.6 In the meantime, the Pan-Dorset Local Transformation Plan for Children and Young People's Mental Health and Wellbeing has identified a £265,820 Investment bid for LAC, Care Leavers and Children & Young People who have experienced abuse. This additional funding will help increase the capacity, scope and skills of the existing LAC nursing service, so that they are able to support all health needs including the emotional resilience, well-being and mental health needs of all looked after children however it is acknowledged that this will not fully address the current shortfalls within the service.
- 5.7 The CCG received notification on Thursday 12 November that the CQC would be reviewing Children's services within the Local Authority area of Dorset County Council. The inspection took place between 16 and 20 November and focused on how health services fulfilled their responsibilities in meeting the needs for safeguarding children and Looked After Children. Further information is included in Section 7 of the report.

## **6. Safeguarding Adults .**

- 6.1 The safeguarding team in the CCG (Adults and Children) continues to meet regularly. The vacancy for the one GP session for adult safeguarding has now been filled which will allow for work to continue around Mental Capacity (from age 16), Domestic Abuse, PREVENT, transition, GP /Primary Care Training, self-neglect and clinical oversight.
- 6.2 The first safeguarding forum for local GP safeguard leads has been held to offer both peer support and supervision to safeguarding lead GP's around anonymised complex safeguarding concerns. The cases discussed included elements of the Mental Capacity Act, Self-Neglect and complex Domestic Abuse issues.
- 6.3 The CCG have agreed to fund 4 half day sessions for health providers to focus on self-neglect and the use of the Multi Agency Risk Management Protocol in February / March 2016.
- 6.4 NHS England provided two days of SCIE (Social Care in Excellence) training in MCA for all the providers, 25 individuals were trained including the safeguarding lead GP.
- 6.5 The safeguarding team children's and adults are gaining an understanding of the IRIS (identification and referral to improve safety) project which is being commissioned across Poole Bay locality.

- 6.6 There is currently one Domestic Homicide Review/Safeguarding Adult Review (SAR) for an individual with learning disabilities being undertaken and one SAR for a care home.

## **7. Safeguarding Children**

- 7.1 Safeguarding activity has continued to increase across Dorset, with work being undertaken across health providers and LSCB partners who are all reporting an increase in child protection cases.
- 7.2 Following the recent completion of a Serious Case Review (SCR), one other has now been agreed following the need for some revision, and the third is on schedule to be completed by the end of January. An extraordinary Executive Board has been called for February to receive and sign off the two remaining reviews and consider the learning. The theme of all three reviews identifies the complexity of adolescence. A further SCR related to the unexplained death of a baby within a vulnerable family has been completed, which identified failings across agencies related to early intervention.
- 7.3 The CQC undertook a review of health services for children looked after and safeguarding children within the Local Authority area of Dorset County Council., in November 2015. The inspection focused on how health services fulfilled their responsibilities in meeting the needs for safeguarding children and Looked After Children. The review process was rigorous. Inspectors tracked and audited nine cases and reviewed approximately 135 others. The review of LAC included two separate focus groups which allowed inspectors to meet with Looked After Children, Care Leavers and Foster Carers. During the inspection a number of immediate required actions were identified in relation to LAC services with immediate action taken by the relevant provider.
- 7.4 The inspectors followed the child's journey across services for Maternity, Health Visiting, CAMHS, ED, Sexual Health, MIU, Adult Mental Health and Substance Misuse and four Practices in Primary Care.
- 7.5 The verbal findings of the inspectors presented a mixed picture of the provider's response to safeguarding and Looked After Children. Areas of positive practice were identified in General Practice, where Inspectors reported seeing examples of exemplary practice. There were areas of good practice and areas for improvement noted for DHUFT and Dorset County Hospital and the CCG. Inspectors identified Health services for Looked After Children as a concern.
- 7.6 The draft report has been received by the CCG for comment on factual accuracy with the expectation that the final report will be available in January. An action plan is being finalised in response to the findings with scheduled meetings of all agencies to track progress.

## 8. Primary Care

- 8.1 The Quality Team continue with support visits to practices who are preparing for CQC. It is anticipated that this will continue and likewise, following inspections, should any practices have actions as a result of their visit, support is being provided on request.
- 8.2 To date, the visits have covered a range of issues and are flexible to provide a range of options for support. These include meetings with Practice Managers, mock CQC inspections and staff training sessions that can be delivered as part of protected learning time.
- 8.3 The team are also supporting the CCG in promoting and developing a positive patient safety culture in primary care. The Patient Safety Team is currently working with Practices to develop web incident reporting and a review of the GP niggles system is planned over the coming months.
- 8.4 Other areas of quality improvement work in progress 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.
- 8.5 A joint paper was submitted to the Joint Primary Care Commissioning Committee by the Quality Directorate and the Primary Care Team requesting that a Task and Finish Group is established to agree and develop quality metrics for Primary Care. This group will meet for the first time in January.
- 8.6 The CCG is currently carrying out a piece of work at the request of NHS England to identify 'vulnerable practices' who may be in need of additional support. There is a limited amount of national money available that we can bid for to provide enhanced support to the identified practices.
- 8.7 The Pan Dorset Strategy for Pressure Ulcer Prevention is being reviewed and, to support this, an audit is to be undertaken of people who have developed pressure damage in the community. Some of these people are not in receipt of formal care and the audit aims to look at opportunities for prevention interventions in their health and social care. The quality team is also supporting CCG objectives in the patient safety collaborative in transfers of care, looking in particular at communications between GP practices and care providers.

### **GP Intelligence Monitoring**

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

## **9. Infection Prevention and Control**

- 9.1 There have been seven cases of MRSA reported this year. All of these have been sent for arbitration and six have been assigned to 'third party'. The outcome of the seventh case is awaited.

## **10. Nursing and Midwifery Council (NMC) Revalidation**

- 10.1 The NMC Board approved the proposed process for revalidation for Nurses and Midwives at their October Board meeting. The CCG continues its work to ensure that CCG employed nurses, nurses in primary care and in care homes are suitably prepared to revalidate from April 2016.

## **11. Conclusion**

- 11.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 11.2 The majority of quality indicators show that quality of care is generally good. However, some areas of concern have been identified which are being addressed appropriately. The main areas of concern are the Never Events, mortality rates and the outcome of current and planned CQC visits.

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**Date :** 5 January 2016

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