

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

<b>Date of the meeting</b>	20/05/2015
<b>Author</b>	S Shead - Director of Quality V Read - Deputy Director of Quality
<b>Sponsoring Clinician</b>	Dr P French – Locality Chair for East Bournemouth
<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> </ul>
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Stakeholder involvement undertaken by the Trust is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

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

Initials : SSh

## Executive Summary

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

Royal Bournemouth and Christchurch Hospital FT (RBCHFT) reported a Never Event in March 2015, referred to in section 2.1. This incident is being investigated within the Trust, the CCG have requested involvement in this investigation as a similar incident occurred in the Trust last year. Actions have been taken to prevent a recurrence.

The number of hospital acquired pressure ulcers at RBCHFT remains significantly higher than neighbouring Trusts. The Trust is undertaking a number of improvement initiatives to improve on this aspect of care.

Safeguarding training at Dorset County Hospital has fallen below expected levels and the Trust has been issued with a Contract Query which requires them to take remedial action to improve. A plan with set trajectories for improvement is being compiled by the Trust.

111 services delivered by SWASFT are performing poorly in terms of call answering times, particularly at weekends and peak times.

The CCG has successfully achieved a Satisfactory score for the Information Governance Toolkit.

Health assessments for Looked After Children are not always being achieved within the statutory timeframe, and so a number of actions are in place to address this.

As the CQC are about to commence the next round of inspections within General Practice in Dorset, the quality directorate is providing support and advice to Practices if requested. The CQC will be undertaking visits to General Practices between May and July and have informed the CCG that some visits will slip into quarter two. The CQC will contact all practices to be visited two weeks prior to their visit.

The Nursing and Midwifery Council (NMC) is introducing a more robust means of revalidation, which will mean all Registered Nurses and Midwives will need to maintain a record of professional development, reflection of practice and have this record signed by another registrant and a third party confirmer. This will impact across all care settings and may be more challenging for those registered professionals who work in smaller provider settings, for example practice nurses. The CCG has a working group which is looking to provide practical support and advice to registrants and employers as revalidation is introduced.

In response to a request at the previous Governing Body meeting a copy of this report will be circulated to the relevant leads within Dorset County Hospital, Dorset Healthcare, Poole Hospital and Bournemouth's Hospital in order for them to benchmark with each other.

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? The scorecards for the four main providers are included as Appendix One.
- 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 RBCHFT reported one never event in March 2015 in relation to a retained guide wire following a cardiac procedure. A similar incident was reported in 2014. As a similar incident has occurred in the past a meeting between the CCG and Trust is being established to gain clear understanding of how this happened and what actions will now be taken to prevent further similar incidents.

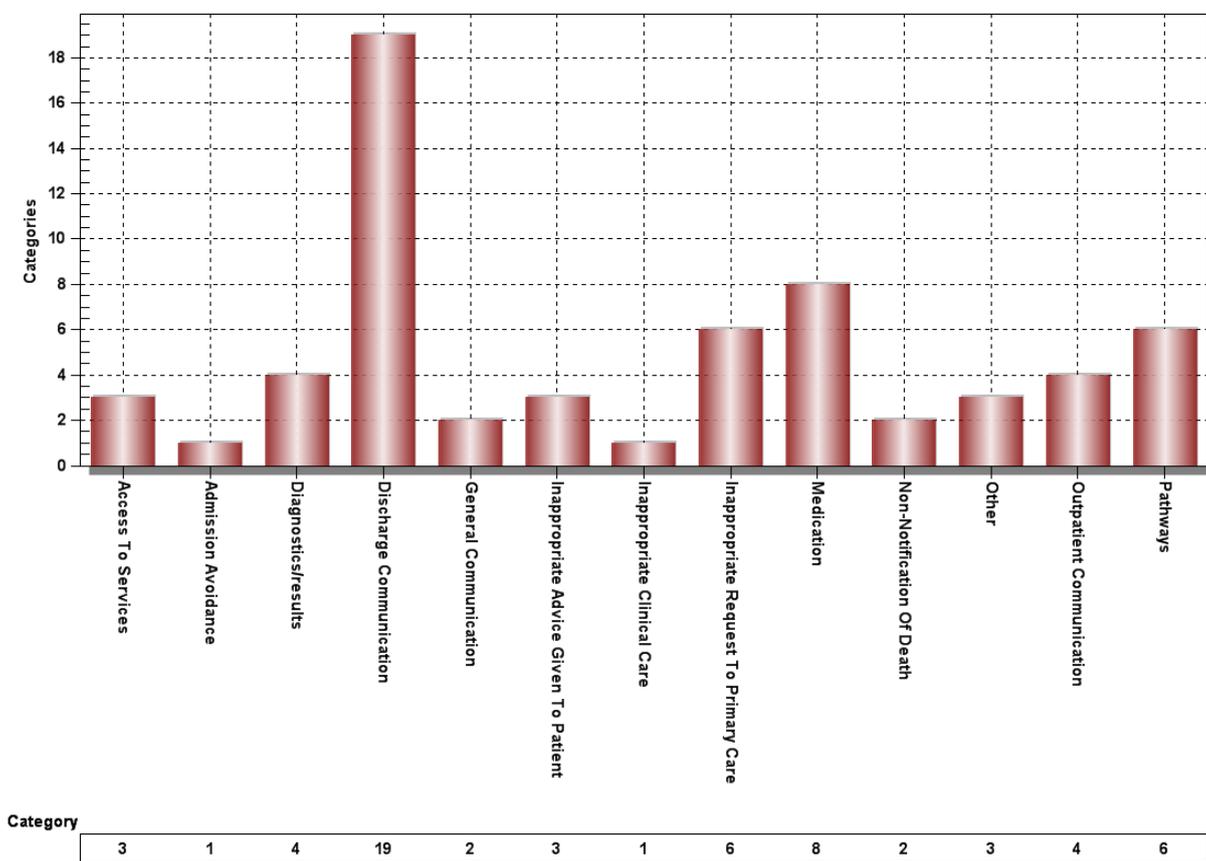
#### Number of Serious incidents reported by Trust

	Q1	Q2	Q3	Q4
<b>Dorset County Hospital NHS Foundation Trust</b>	5	6	9	13
<b>Dorset Healthcare University NHS Foundation Trust</b>	21	31	22	22
<b>Royal Bournemouth &amp; Christchurch Hospitals NHS Foundation Trust</b>	7	6	13	11
<b>Poole Hospital NHS Foundation Trust</b>	20	14	15	19

- 2.2 As in previous quarters the top themes and trends from serious incidents are pressure ulcers, slips, trips and falls and, in the case of DHUFT, unexpected deaths or self-harm. All serious incidents are reviewed by the CCGs SIRI Review Group and learning is disseminated across providers. The increase in SIRIs reported by DCHFT relates to better reporting - a number of these post investigations are likely to be deleted as they will not meet the threshold of a Serious Incident. The CCG is working with providers to report suspected Serious Incidents which can then be subject to removal if, on investigation, they are deemed not to meet the threshold as described in the new national framework.
- 2.3 The National Framework for Serious Incidents was implemented from 1 April 2015; the new guidance removes the need for incidents to be graded and also removes NHS England's responsibility for closing any incident, other than for specialist commissioned services.

## GP Intelligence Monitoring

2.4 The process for obtaining feedback from providers in relation to GP intelligence has changed to promote timely responses. 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.



2.5 The key issues being reported relate to access to services, pathways, and discharge issues. Key outcomes since the last report are that DCHFT will now be including discharge summaries as one of the key improvements for their 2015/16 quality improvement priorities and issues relating to medication on discharge are being addressed through the contract. In addition, one of the incentive schemes (CQUINs) has been incorporated into provider contracts to improve the number of discharge summaries sent on discharge and also to improve the quality of the information contained within the summaries.

## Mortality Rates

Summary Hospital Mortality Indicator (SHMI)	Q1
Dorset County Hospital NHS Foundation Trust	1.096
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	1.035
Poole Hospital NHS Foundation Trust	1.013

- 2.6 SHMI is reported up to seven months in arrears. The latest published data relates to the June 2014 position as outlined in the previous quality report to the Governing Body. All Trusts are within the expected range.
- 2.7 All Trusts are reviewing crude mortality via their morbidity and mortality groups and are identifying any learning and themes and trends. All of the mortality groups have oversight or led by the Medical Director of each Trust to provide scrutiny and challenge to individual directorates or services as required. No provider has been issued with a CQC mortality outlier alert.
- 2.8 As requested by the Governing Body, a more detailed review of mortality rates is being undertaken and a 'deep dive' report will be submitted to the Quality Group in June 2015.

### Pressure Ulcers

Pressure Ulcers (New) %	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	1.84	2.28	1.15	0.75
Dorset Healthcare University NHS Foundation Trust	2.04	1.95	1.85	1.67
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	1.59	1.69	2.43	2.43
Poole Hospital NHS Foundation Trust	0.46	1.1	1.10	0.65

Pressure Ulcers (Old) %	Q1	Q2	Q3	Q4
Dorset County Hospital NHS Foundation Trust	3.75	4.07	2.46	3.8
Dorset Healthcare University NHS Foundation Trust	5.43	3.96	3.18	4.66
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	6.83	6.53	8.19	5.9
Poole Hospital NHS Foundation Trust	2.98	3.89	3.15	3.32

- 2.9 Bournemouth Hospital continues to report a higher number of serious (Grade 3 or 4) hospital acquired pressure ulcers when compared with other acute providers. The Trust has undertaken a number of initiatives and it has been identified this as an area of high priority and scrutiny both for the Trust and the CCG. Further improvement initiatives planned include implementation of a competency framework for all clinical staff and implementation of a new care bundle approach to pressure area care.

### Safeguarding Adults

- 2.10 Quarter 4 safeguarding training compliance data (adults and children) is not yet available. 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.

<b>Safeguarding Adults training compliance</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Dorset County Hospital NHS Foundation Trust	68%	68%	68%
Dorset Healthcare University NHS Foundation Trust	92%	92%	92%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	86.1%	86.8%	86.3%
Poole Hospital NHS Foundation Trust	69%	72%	76%

- 2.11 Dorset County Hospital's compliance with Adult Safeguarding and Mental Capacity Act training remains below threshold. A contract query was issued on 17 April 2015; an improvement plan has been requested from the Trust with clear improvement trajectories. Further information has been requested from Poole Hospital to gain assurance of how they intend to increase training levels.

### **Safeguarding Children**

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

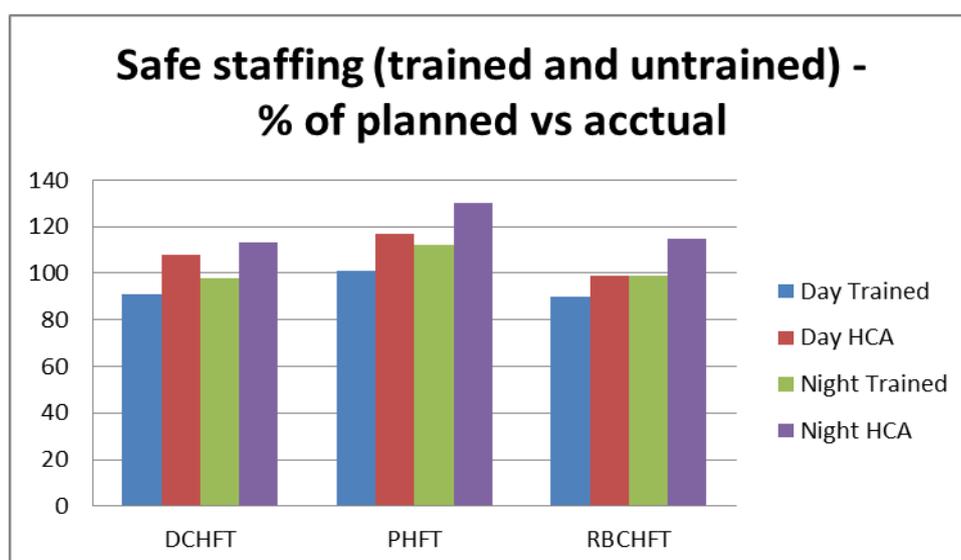
<b>Safeguarding Children Training – Level 3</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Dorset County Hospital NHS Foundation Trust	66%	66%	64%
Dorset Healthcare University NHS Foundation Trust	95%	95%	97%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	81.7%	57.6%	43.2%
Poole Hospital NHS Foundation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

- 2.12 Dorset County Hospital compliance with Safeguarding children's training, level 2 and 3 was raised as a contract query on 17 April 2015; an improvement plan has been requested from the Trust with clear improvement trajectories.
- 2.13 Bournemouth Hospital adjusted the cohort of staff requiring Level 3 training which resulted in a drop in compliance; this is being addressed through additional training sessions are being sought although is somewhat reliant on sessions being made available by the Local Authority.

## Infection, Prevention and Control (IPC)

- 2.14 All providers remain below trajectory for Clostridium Difficile when taking into account the removal of non-trajectory (no lapse in care) cases agreed at the post infection review meetings.
- 2.15 There have been no MRSA Bacteraemias within the Dorset Trusts in the last quarter.
- 2.16 A detailed annual report is reported separately to this meeting.

## 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 graph above some areas have more staff on duty than planned which is due to several factors including increasing number of support workers when there are registered nurse gaps in a rota and increased support workers when an individual patient requires one to one supervision.

## NICE

- 3.2 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 The Chief Executive of South Western Ambulance Services 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

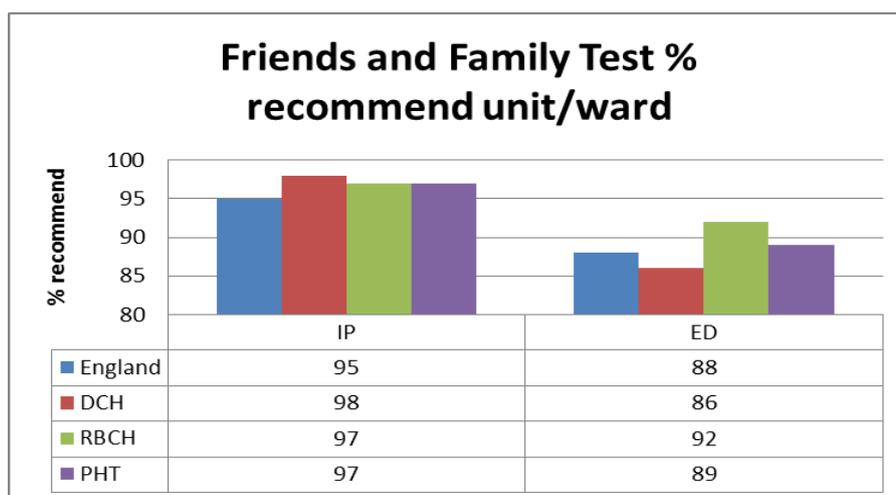
hospitals are the worst in the region for handover times. However, once validated, this data shows an improved position although still requiring improvement

- 4.2 Bournemouth has introduced an initiative to ensure rapid access to medical consultants and Poole is continuing work to improve patient flow through the Emergency Department.
- 4.3 The schemes, funded through resilience, are still in operation and are currently being evaluated to determine which schemes should continue.
- 4.4 The CCG is continuing to work with partners to support the reduction in handover delays.

## **5. Caring**

- 5.1 There is no update to information regarding complaints themes and trends since the last report. Once the providers have published their complaints information an update will be included in the next Governing Body paper.
- 5.2 In March 2015 the CCG Professional Practice Lead attended a re-launched quarterly Complaints Review Group at Dorset Healthcare University Foundation Trust. The meeting, chaired by the Chief Executive was attended by managers from the Trust, representatives of patient forums, advocacy services and Healthwatch. This forum was an excellent opportunity to review a number of cases in detail presented by staff that had been involved in responding to the complaint to determine the wider learning for the organisation to improve patient and carer experience.
- 5.3 The annual Complaints Forum also took place in March 2015 at Bournemouth Hospital led by the Patient Experience Lead. This small focus group provided an opportunity to explore the complaints handling process from the complainant's perspective. Staff at the hospital will use the detailed feedback from this meeting to inform a number of improvements in how complaints are managed.
- 5.4 There are delays in reporting at Poole and Bournemouth Hospitals due to changes with personnel in lead complaint roles. This is being addressed within the Trusts.

## Friends and Family Test



- 5.5 All providers continue to perform well with the Friends and Family Test score. The February data suggests that Dorset County Hospital is performing slightly worse than the national average, however in a recent patient experience survey they were rated as the top performing Emergency Department in the Country.

## 6. Well-led

### External reviews

- 6.1 The CQC conducted a return inspection visit to Waterston Unit, DHUFT on 27 January 2015, the final report indicates the unit is compliant with the standards monitored. A full inspection of the Trust is planned for 22 June 2015. The Trust is currently submitting evidence for this inspection. The departments to be visited are not yet known.
- 6.2 Bournemouth Hospital is making progress against the key areas identified for improvement following the return CQC inspection. Areas requiring improvement include the pathway for 16 to 18 year olds, stroke services and access to psychiatric liaison. An update on progress to date has been requested in this quarter.
- 6.3 Dorset County Hospital has received JAG (Joint Advisory Group) accreditation for Endoscopy services.

### Workforce issues

### Appraisal rates

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

**Mandatory Training**

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

- 6.4 All providers continue to focus improvement on workforce measures, with the challenges being turnover of staff, recruitment, long term sickness and maternity leave. 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 By the end of February the Trust had reported 18 cases of C-diff against an annual target of 18. At the point of writing this report there had been no update on their end of year position.
- 1.2 During Quarter four there has been a continued decrease in crude mortality. The latest SHMI (adjusted for palliative care) is 98 and the latest HSMR is 97 which is as expected and below the relative risk threshold of 100.
- 1.3 The Trust is reporting 96% harm free care via the safety thermometer. In February there were no grade 3 or 4 pressure ulcers or falls resulting in major harm. The percentage of patients who have had fractured Neck of Femur operations within 36 hours has also continued to improve to 94%.
- 1.4 The Trust is continuing to experience difficulty with mixed sex breaches due to patients becoming 'wardable' from intensive care. These issues have been explored in previous papers to the Governing Body and the Trust is continuing to deliver their planned actions.

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

- 2.1 The number of inpatient falls has fallen since the peaks seen in November and December 2014 and in March there was an 8% reduction compared with February. Pressure ulcers have also fallen since their peak in December 2014 to 15 in March 2015.
- 2.2 The Trust reported two cases of MRSA bacteraemia in Quarter 4 2014/15 which are currently under investigation. Both occurred in the Intensive Care Unit.
- 2.3 The Trust continues to perform well with mortality with the latest HSMR reported as 92.55. Crude mortality has also fallen from the peak seen in November and December 2014.
- 2.4 The Trust is continuing to struggle with increasing the response rate in relation to the Friends and Family Test. The inpatient response rate has been very variable throughout the year varying by as much as 30% from month to month. The Trust is continuing to try to improve the data collection methods to seek more feedback.

### 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%).
- 3.2 During December 2014 the service experienced a significant increase in the number of calls received, with 9209 contacts. The Trust has conducted a detailed review of out of hour's performance with a particular focus on urgent visits over a four month period. During the review period, 90.79% of urgent home visits were achieved within the two hour target. Reviewing the full response time dataset it can be identified that 95% of urgent home visits were achieved within two hours and 30 minutes and 99% within three hours and 25 minutes. The Trust has modelled the times and days where compliance has not been achieved and they are reviewing mobile resource to support the delivery of this target. There are also issues relating to data capture within Adastral which the Trust is working with the GPs to improve.

#### 111 Service

- 3.3 There are continued concerns in relation to the performance of the 111 service. Call abandonment rates remain higher than target at 6.75% against a target of no more than 5%.
- 3.4 Calls answered within 60 seconds remain below trajectory at 73.47% against a target of 95%. The Trust has now served notice on New Devon and Kernow CCGs and will cease to provide the service there from 31 March 2016. The Trust will be working during the transition period to ensure that each CCG receives the service that they pay for and plans are being discussed to ring-fence the Dorset provision with better integration into the out of hours service at the clinical hub.
- 3.5 Other areas of non-achievement relate to warm transfers to clinicians and call backs within 10 minutes. A warm transfer is where the call is transferred directly to a clinician without the need for the patient to be called back. Both of these issues relate to periods of high call volumes where there are not enough clinicians to meet the timeframe. SWASFT are working with staff to review cover and shift patterns to ensure maximum coverage.

#### 999 Service

- 3.6 The Trust has reported that both Bournemouth and Poole Hospitals are presenting a concern in relation to ambulance handovers with performance being amongst the worst in the SWASFT region.

The CCG has raised an issue via the CSU who manage the SWASFT contract as the validated position versus the non-validated position is up to 45% different. Poole is engaging well in partnership to address the handover delays and at Bournemouth the numbers have reduced in recent months. The CCG is continuing to work with partners to support the reduction in handover delays.

## **4. Smaller Providers – themes**

- 4.1 Having previously not received any, there have been three complaints in this quarter related to orthopaedic surgery undertaken by Nuffield Health. Each complaint has been extensively investigated and a second clinical opinion provided. For one patient who has had a sub-optimal outcome following surgery, Nuffield Health has agreed to undertake a surgical revision and cover all associated costs.
- 4.2 Concerns regarding standard of care and clinical outcomes have also been raised at GP locality level regarding an orthopaedic service. An initial review has not identified any concerns and further information or evidence to support the concerns has been requested.
- 4.3 In relation to E-zec there has been a reduction in complaints and reported incidents from both members of the public and acute trusts. Following the issue of an improvement notice issued earlier in the year all quality reports have now been received and backdated to cover the period of missing data. The key focus with E-zec is now to reduce the number of 'aborts' and to rigorously apply the eligibility criteria.

## **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 The IGT is under the remit of the Health and Social Care Information Centre (HSCIC). NHS Dorset CCG is required to upload evidence to support its assessment of compliance against criteria set within the toolkit. This then determines the scores for each requirement which range from level zero to three. To achieve an overall organisational rating of 'Satisfactory', each requirement must be scored at level 2 or above. (There are only two ratings; satisfactory or unsatisfactory).
- 1.3 The Information Governance Group (IGG) verified the submission of version 12 of the 2014/15 IGT and the score as 70%, satisfactory. Attached is an Implementation Plan demonstrating compliance (appendix 2).

#### **End of year CCG toolkit assessment**

- 1.4 The Dorset CCG IGT assessment for 2014/15 was submitted on 31 March 2015 and has attained 'satisfactory' status, 70%. The overall assessment is broken down into the following sections (see appendix 3).

#### **IG Management**

- 1.5 All policies and procedures are in place for this section.

#### **IG Training**

- 1.6 24 IG training sessions have been held and the majority of CCG staff have attended.
- 1.7 The final figure for the number of staff attending the training represents a completion rate of 99.7% for the organisation. This figure has been verified by the Workforce Department.
- 1.8 Staff still outstanding at the end of March have been referred to the IG Group and Workforce Team.

#### **Confidentiality and Data Protection Assurance**

- 1.9 All new starters receive an IG induction and are issued with a copy of the CCG 'Confidentiality: Staff Code of Conduct'. This document provides staff with clear guidance on keeping personal information secure and on respecting the confidentiality of users.

- 1.10 Confidentiality Audit Procedures are in place with a number of audits having been undertaken through the year.
- 1.11 A review of overseas transfers of person identifiable data has taken place across the CCG. This provided the same results as previous years with NHS SBS the only organisation/provider that processes information overseas. All necessary security is in place.
- 1.12 The IG Group has received and approved several Privacy Impact Assessments for new projects or changes to services during 2014/15.

## **Information Security Assurance**

- 1.13 There is currently:
  - 1. an Information Asset Register;
  - 2. a Corporate Records Register and
  - 3. Data Mapping flowsin place for the CCG.
- 1.14 The IG team has been working to streamline the information contained within the registers by liaising with directorates to ensure that the different work areas are completed at the same time rather than as three separate pieces of work.
- 1.15 The Senior Information Risk Owner (SIRO) for the CCG has attended the necessary up-date training required for the SIRO role.
- 1.16 As the CCG is now operating as a Registration Authority (RA) the relevant processes have been implemented along with an RA Policy. This policy was approved by the IG group.

## **Clinical Information Assurance**

- 1.17 The two requirements for the CCG under this section relate to information quality and records management skills and use of the NHS Number. Actions have been agreed to further enhance these two requirements over the course of 2015/16.

## **Submission Year 2015/16**

- 1.18 The submission for 2015/16 is due prior to 31 March 2016. The HSCIC has indicated that there will be a substantial number of changes to the requirements especially in the area of Cyber Security.
- 1.19 It has been stated that this is due to be released in October 2015 which is later than previous years.
- 1.20 Work has begun on requirements that will be included in order to ensure that Dorset CCG will be compliant.

## **The Independent Information Governance Oversight Panel's report to the Secretary of State for Health**

- 1.21 Following release of the Caldicott 2 Report in 2013 the government asked the Independent Information Governance Oversight Panel to report to the Secretary of State for Health on the implementation of the recommendations included in the Caldicott2 document. This is to be an annual report.
- 1.22 The first report has been released and the Head of IG/Customer Care will provide a summary of the main topics in the report prior to the next Audit and Quality Committee. The report can be accessed via [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/391533/iigop-annual-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391533/iigop-annual-report.pdf)

## **2. Customer Care**

- 2.1 During Quarter 4, the Customer Care Team received 40 complaints, of which 26 relate to Dorset CCG. In comparison to the last quarter, this is a reduction in the number received.

### **Current Continuing Health Care (CHC) applications**

- 2.2 Ten complaints were received regarding current applications for CHC. These included:
- compilation of the Decision Support Tool, the decision making and failure to disclose information;
  - numerous issues with a home care company obtaining essential medical supplies;
  - payments for additional support;
  - poor communication;
  - ineffective assessment process leading to incorrect decision and financial disadvantage created by the decision;
  - investigation undertaken by the Professional Practice Lead into a complaint about CHC application procedure and process;
  - problems with fast track referrals not put in place;
  - concerns raised regarding conflicting information relating to patient's discharge from hospital;
  - complaint regarding what happened to a patient during and after the closure of a residential home and failure of the CCG to complete an annual review of patient's needs;
  - care given and subsequent poor communication.

### **Retrospective CHC applications**

- 2.3 Two complaints were received relating to Retrospective Claims:
- length of time taken to process application and lack of attempts to resolve the matter;
  - closure of an application due to non-receipt of documents within timescale.

## **Personal Health Budgets (PHB)**

- 2.4 Seven complaints were received. These resulted from a letter that was sent to recipients of PHBs informing them of the closure of the pilot scheme.

## **Individual Patient Treatment (IPT) Funding**

- 2.5 Three complaints were received relating to unsuccessful IPT applications.

## **Information Governance**

- 2.6 Three complaints were received relating to Information Governance Breaches.

## **Outcomes and learning from complaints**

- 2.7 All complaints are fully investigated and responded to and lessons learned are shared across the organisation. 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 not been informed of any referrals to the Ombudsman during Quarter Four. One from Quarter Three has been partially upheld, and two were not investigated.

## **Training**

- 2.9 Two training events were held in February and one in April relating to complaint response letter writing. The events were well attended and received. Following the training sessions the standard of responses has improved markedly. They are more open, clear and empathetic with the use of plain English and less jargon. Further sessions have been requested and will take place in the coming months.

## **Accountability and Monitoring of Complaints**

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

## **Concerns, Resolution and Learning Group**

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

## **MP Letters**

- 2.13 15 MP letters have been received during Quarter 3. The topics covered include template biopsies for prostate cancer, withdrawal of Personal Health Budgets, Individual Patient Treatment funding, the outcome of the pan-Dorset Phlebotomy Service review.

## **Feedback Queries**

- 2.14 The Customer Care Team dealt with 108 emails containing queries or requesting information that have been received in the CCG Feedback Inbox. Topics include, amongst many others, the Clinical Services Review, requests for contact details, information for Medicines Management, Information for minority groups within Dorset, research into perinatal maternal mental health; waste collection from pharmacies and feedback regarding funding for young persons' eating disorder service.

## **3. Care Homes**

- 3.1 In Quarter 4 of 2014/15 a total of 59 visits to Care homes, domiciliary providers and supporting living care were undertaken jointly with the Local Authorities (LAs). Two nursing homes closed and one deregistered to provide residential care only with a loss of 88 nursing beds. A new 64 bed home was opened and accredited in March 2015 which has lessened the impact of the home closures.
- 3.2 The overarching theme in concerns that are identified on monitoring visits are lack of management and clinical leadership, poor staffing levels and access to training and development for staff . The team continue to raise the profile of workforce and development issues more widely by working with training providers, Health Education Wessex and Skills for Care to promote a positive image and potential for career progression in the sector.
- 3.3 The quality assurance tool (ABACUSS) has been successfully introduced and is being implemented through May 2015. It is expected the joint service specification for care homes will be launched to providers by the three Local Authorities in May 2015 and the assurance tool will complement the contract monitoring and reporting.
- 3.4 The Quality Assurance Managers are working with the CHC team to accredit domiciliary care providers that are not included on the Local Authority framework in order to increase the capacity and timeliness of care packages in the county.
- 3.5 Current pressures in the independent care sector include; the move to the Local Authority Trading Company for LA run services by 1 July 2015, changes as a result of the Care Act and the new CQC Fundamental Standards from 1 April 2015 and the implementation of the Care Certificate.

## 4. Medicines Management

### Prescribing Budget Forecast and Budget setting

- 4.1 The February forecast is for a £1.492m overspend on budget .This is due to higher than expected impact of category M price changes applied nationally. In addition the savings predicted from some areas have not materialised.

### Medicines Optimisation Group (MOG)

- 4.2 A meeting of the Medicines Optimisation Group was held on the 10 of March, the group approved a budget setting mechanism and audits, for onward approval to the Joint Primary Care Committee. The group has had a temporary chair through to year end and the next June meeting will elect the chair for the next year.

### Medicines safety and Quality

#### Antibiotic Usage

- 4.3 The new antibiotic quality premium is now published and the medicines team have ensured that it is included in contracts with relevant smaller providers and SWAST. In addition, in order to achieve for the CCG premium, practices will have to deliver a 1% reduction in antibiotic prescribing and adhere to the nationally required reductions.
- 4.4 The three parts of the quality premium have specific thresholds as follows:
- Part a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value. Individual practice reduction to be agreed by the CCG with each practice.
  - Part b) number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question
  - Part c) secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE

This has been included in provider contracts where appropriate and will be an individual action for each of the practices as part of their QIPP plans.

- 4.5 The results of the audits on antibiotics for 2014/15 in practices are being collated. They will be included in the next JPCC and MOG.

#### Formulary

- 4.6 The App for the formulary was released on 1 April 2015, and instructions for downloading are on the medicines pages on the website and the formulary pages [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk).

The medicines team attended the Members event in April to promote the formulary and the app. Feedback has been positive.

## **Allergy week**

- 4.7 The material designed by the interface group was launched and promoted during allergy week. It encourages Dorset patients to collect an allergy card from their practice, and to show to all health professionals. All health organisations in Dorset are promoting the card.

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

- 5.1 An action plan for improvements is in place. Meetings are in place with Dorset HealthCare and the three Local Authorities through their Corporate Parenting and LAC/Care leavers Strategy Boards to inform and progress areas identified within the action plan.
- 5.2 There is no formal process in place for notification to the CCG of children placed out of Dorset by Bournemouth, Poole or Dorset LA's, or formal process in place for notification to the CCG of children placed in Dorset by other Local Authorities, within five days as outlined in statutory guidance. As the responsible CCG for all Dorset children we have a requirement to inform receiving CCG's of a Dorset child being placed in their area. Work is under way with IT and Information Governance to have a formal process in place with the Designated Nurse being the point of contact for the CCG.
- 5.3 Both Safeguarding Children's Boards have agreed annual reporting arrangements by the Designated Nurse to inform that LAC Pan Dorset are being Safeguarded.
- 5.4 DHC have slipped on their performance indicators within West Dorset with 32.2% receiving review health assessment, 20.1% of children up to date with immunisations and 17.8% for children up to date with dental screening reported in the last quarter. Explanation given was due to reduce nursing capacity which has now been restored; forecast of improvement has been reported for the end of year quarter (yet to be reported). Bournemouth and Poole continue to perform above their KPI targets and remain in the top 5% of their Statistical Neighbours.
- 5.5 PHFT continues to underperform (due to DDC Children Services not providing consent) in meeting the Initial Health Assessment (IHA) Statutory requirements. A multi –agency action plan was agreed in January with DCC and has been reviewed monthly, minimal improvement has been seen, and this concern has been escalated through the CCG Risk register. The Designated Doctor will report at the end of April the outcomes for the last quarter. This will then be shared at a strategic level within DCC Children Services in attempting to resolve the delays.
- 5.6 The implementation of the recent Special Educational Needs/Disability Act (September 2014) will have an impact on current nursing and doctor capacity in meeting statutory requirements for health assessments as there is now an increased upper age of when this Act applies to 25years.

Work is under way to scope what this increased cohort will be to support evidence to inform future commissioning/budget arrangements. The timeframe for completing this work is now expected by 31 May 2015.

- 5.7 The publication of the revised Intercollegiate Framework for Looked after Children: Knowledge, skills and competences of health care staff (RCN March 2015) has been published in which clear guidance is given as to the resources required (recommended WTE to case load size) to deliver an effective service. The Designated Nurse will be reviewing these recommendations in line with the existing commissioned service and make recommendations accordingly.
- 5.8 The publication of the revised statutory guidance for Local Authorities, Clinical Commissioning Groups and NHS England “Promoting the health and well-being of looked-after children’ has been published (DE &DH March 2015). Mapping and analysis in line with the revised guidance continues to meet identified areas of improvement and to inform future commissioning, to ensure new statutory regulation in meeting the health needs of Looked After Children are being met.
- 5.9 The designated nurse was invited to speak at the Dorset Children in Care Conference on 26 March 2015. A short presentation was given as to the Designated Role and commissioning structure for Looked after Children Services.

## **6. Safeguarding Adults**

- 6.1 The section is left intentionally blank as the annual Safeguarding Adults report is presented to the Governing Body meeting.

## **7. Safeguarding Children**

- 7.1 The section is left intentionally blank as the annual Safeguarding Children’s report is presented to the Governing Body meeting.

## **8. Primary Care**

- 8.1 Following the Wave One CQC visits to GP Practices in 2014 the Quality Directorate have been offering support to address issues identified. We have also been offering support to all Practices as the next wave of CQC visits are due to commence in May and will be taking place into quarter two. The support offered to practices covers the following key areas:

- 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 To date around 30% of practices have requested support in one form or another.

8.3 The Quality Directorate is also engaging with Practice Managers and GPs in developing the mechanisms for monitoring quality in Primary Care with an initial focus on the enhanced services. Further work is planned later in the year across the Wessex region to hold a co-design workshop with NHS England, GPs, commissioners and other practice staff to develop quality monitoring metrics for Primary Care under delegated and joint commissioning arrangements.

## 9. Nursing and Midwifery Council (NMC) Revalidation

9.1 Revalidation is a process that all nurses and midwives will need to engage with to demonstrate that they practise safely and effectively throughout their career. All nurses and midwives are currently required to renew their registration every three years. Revalidation aims to strengthen that process by introducing new requirements. The NMC are currently piloting these proposals with a range of organisations and practice settings across the UK.

9.2 The proposed requirements include:

- practising a minimum number of hours;
- undertaking continuing professional development;
- obtaining feedback about practice;
- reflecting on the Code, CPD and feedback and discussing these with another registrant;
- proving a health and character declaration;
- having appropriate cover under an indemnity arrangement.

9.3 Having completed the above, nurses and midwives then need to demonstrate to a third party that they have met the revalidation requirement. This is called obtaining confirmation.

9.4 Every three years nurses and midwives will apply for revalidation and declare that they have met the requirements above and obtained confirmation. The NMC will undertake verification checks.

9.5 Within the CCG a working group has been established with the three local authorities to ensure that commissioned organisations that employ registered nurses are putting systems in place to support revalidation.

9.6 In addition the group will be looking at how to support nurses and midwives through revalidation who are directly employed by the CCG.

9.7 Initially revalidation was to be introduced at the end of 2015, this has now moved to April 2016.

## 10. Conclusion

- 10.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 10.2 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 at RBCHFT and 111 services at SWASFT.
- 10.3 Key areas for improvement and development are being progressed, particularly in relation to Looked after Children, Care Homes, Antibiotic prescribing and Nursing & Midwifery Revalidation.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Quality Scorecards</b>
<b>Appendix 2</b>	<b>Information Governance Toolkit Version 12 Implementation Plan</b>
<b>Appendix 3</b>	<b>IG Toolkit Assessment Report</b>