

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	20/07/2016
Authors	S Shead, Director of Nursing and Quality
Sponsoring Clinician	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 SS

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 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 **111**-In March 2016, the CQC inspected SWASFT's 111 service, which serves Dorset, Devon and Cornwall from its two call-handling centres in Exeter and St Leonard's (Dorset). The inspection followed a series of allegations in the Daily Mail newspaper in mid-February, based on the release of information by a former employee at the Dorset centre. This led to wider media coverage.

1.4 An Independent Investigation into the allegations was also undertaken by Price Waterhouse Coopers, which has made a number of recommendations.

1.5 The CQC Report was published on 16 June 2016 and rated the 111 Service as Inadequate. These are the overall findings of the Care Quality Commission:

- Are services safe – Inadequate;
- Are services effective – Inadequate;
- Are services caring – Good;
- Are services responsive to people's needs – Inadequate;
- Are services well –led – Inadequate.

1.6 Immediate actions have been taken and the Trust is required by the CQC to achieve improvements by 8 July. The required work between CCGs and SWASFT is already well advanced. An extensive programme to strengthen the 111 service has been developed.

- 1.7 Following discussions between SWASFT, CCGs, NHS Improvement, NHS England and the CQC an Executive Oversight and Assurance Group has been established to ensure robust overview of the current significant operation pressures. This group is currently meeting twice a week to ensure that the service quality, safety and performance is being managed at a senior level.
- 1.8 More details on the issues relating to the 111 Service can be found in section C of this report.
- 1.9 **DCH-** The latest mortality data demonstrates that Dorset County Hospital NHS Foundation Trust (DCHFT) remains above the upper control limit and has a mortality rate that is 'higher than expected'. The Trust is implementing the actions from their external review, but any impact in their reported mortality will not be seen in the national data till September due to the data lag in the national reporting system.
- 1.10 The Care Quality Commission (CQC) visited Salisbury Hospital NHS Foundation Trust in December 2015 and the report was published in April. The Trust has been given an overall rating of 'requires improvement'. The Trust has developed an action plan which will be monitored by the Commissioners via existing contractual processes.
- 1.11 The CQC report in relation to Poole Hospital NHS Foundation Trust was published during May 2016 following their visit in January. The Trust has been given an overall rating of 'requires improvement'. A significant number of the report elements were 'good'. The Trust has developed an action plan that will be monitored by the CCG via the monthly contract monitoring meetings.
- 1.12 The CQC report in relation to Dorset County Hospital NHS Foundation Trust following their visit in March 2016 was due for publication during June. At the time of writing this report, the inspection report is not available.
- 1.13 The CQC have completed inspections to every Acute Trust, with around 20 still waiting for their report and ratings to be published, this includes Dorset County Hospital. The majority of providers; acute and non-acute trusts have received an overall rating of requires improvement – 109, or 61 per cent, are in this category. Fifty-three trusts – 30 per cent of the total – have been rated good overall, 12 have been rated inadequate and five outstanding.
- 1.14 Children and Adolescent Mental Health Services (CAMHS) are provided by DHUFT. During 2015 there were concerns regarding the performance of the service in long waiting times, high Did Not Attend (DNA) rates and an increase in complexity of referrals. The Trust is addressing these areas in the following ways:
- pathway changes made to address waiting times, including triage and assessment directly into individual support pathways;
 - self-help digital apps and websites are offered and text service to be broadened to include CAMHS;

- audit and review of all cases waiting and risk log developed;
 - additional temporary capacity introduced including offer of evening appointment times;
 - improved staff support and supervision to improve management of long-term cases;
 - team level performance dashboard developed by the service supported by weekly reporting of waiting lists to managers;
 - project team developed to look at new uses of technology and social media such as website, e-clinics and online self-referral;
 - from January 2016 for a 12-month period, a pilot project with a CAMHS worker located in Bournemouth Borough Council Early Help Team is being trialled.
- 1.15 Performance in relation to waiting times and DNA rates have fluctuated from month to month and are therefore yet to show a sustained improvement and is being closely monitored against agreed trajectories. Bournemouth and Christchurch is the area of poorest performance, although the Bournemouth & Christchurch team have had additional capacity for assessments from March which has led to some improvement in that area.
- 1.16 There has been good performance at DCHFT and DHUFT in relation to C-diff rates, with both providers achieving their trajectory at year-end, when adjusted for 'no lapse' cases. RBCHFT and PHFT exceeded their trajectory, but overall health community performance was better than expected with a challenging end of year trajectory only narrowly missed. No Dorset provider reported an MRSA blood-stream infection at year-end and all of the cases provisionally assigned to Dorset CCG were finally assigned as third party cases.
- 1.17 The Mental Health homicide review conducted by HASCAS has been concluded and associated action plan has been drafted. The action plan incorporates the outstanding actions from the previous homicide action plan (EH). Once agreed by the Audit and Quality Committee, the HASCAS report will be published by NHS England and progress against this plan will be monitored and reported updates provided to Audit and Quality Committee. HASCAS will also undertake a review of its recommendations.

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

Never Events

- 2.1 There has been one new Never Event relating to a retained swab during a maternity procedure. This is currently subject to an investigation.

Stroke Services

- 2.2 The percentage of patients spending 90% of their stay on a stroke unit at DCHFT was variable during the last quarter with a dip during January and February, but improvements seen in March and April.
- 2.3 Poole Hospital remains at an overall SSNAP score of D, with a further publication of data due in late June. Whilst improvements are continuing, direct admission to the Stroke Unit has remained a challenge due to hospital wide capacity issues.

Mortality Rates

- 2.4 The latest available data is up to September 2015 (reported in May 2016) and is shown below. DCHFT remain above the upper control limit and have a mortality rate that is 'higher than expected'. The Trust is implementing the actions from their external mortality review which includes:
- strengthening the mortality review processes in some of the divisions;
 - improving the coding with a focus on completion of coding within a day of the activity(particular focussed on palliative care coding);
 - collecting data and scoping the retrospective review of all in hospital deaths over a 12-month period.
- 2.5 The Trusts reported HSMR has fallen to 104, The SHMI rate remain above expected, but due to the time lag in reporting, the work that the Trust has undertaken to improve mortality is not yet reflected in the SHMI.
- 2.6 The CCG will continue to receive updates and assurance from the Trust at each Quality Review Meeting and contract meetings. The CCG facilitated a cross-provider mortality meeting to share best practice from their local processes. Further Pan-Dorset work is planned with a particular focus on Learning Disability Mortality Reviews.

WHO Checklist

- 2.7 Compliance with the WHO checklist remains variable across providers. PHFT reported 94% compliance on average for quarter four, but did meet their improvement trajectory to achieve above 95% by the end of the quarter with 97.6% compliance. RBCHFT reported 93% compliance on average, but is

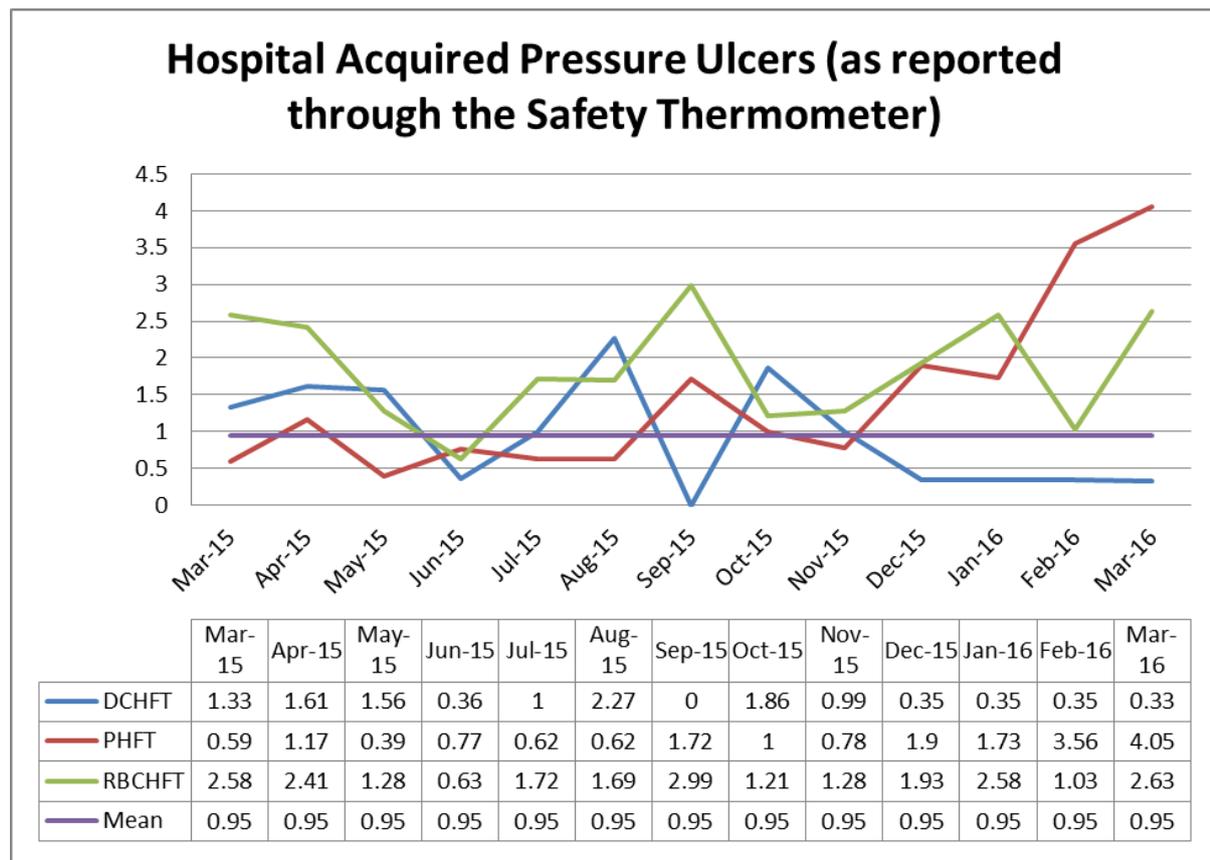
continuing to deliver the action plan in place being led by the Medical Director. DCHFT performed well reporting 100% in March 2016.

Nutrition Assessments

2.8 Apart from RBCHFT, all providers remain lower than expected in relation to nutritional assessment compliance. Performance at DCHFT has improved to 88.63%, whilst PHFT's quarter four compliance averaged 81%. This standard continues to be closely monitored to ensure improvements are made and sustained.

Pressure Ulcers

2.9 The number of acquired pressure ulcers remains low at DCHFT and has started to improve at RBCHFT. In quarter four the numbers being reported by PHFT has increased month on month. This is being looked at in detail to identify whether there are themes, trends or learning that can be identified. This spike in numbers is reflected in the Safety Thermometer data as well as in incident reporting data. DHUFT has sustained its good performance with better than average performance being demonstrated through the safety thermometer.



Staffing

2.10 The performance on appraisal rates at RBCHFT continued to improve during quarter four with 82.2% compliance achieved by the end of March, however this

fell short of the Trusts target to achieve 90% by end of the quarter. Compliance with mandatory training also improved to 86.6%.

- 2.11 There was deterioration in appraisal rates at PHFT with performance by the end of the quarter at 82%. The Trust maintained their compliance with mandatory training with 86% compliance reported on average for the quarter.
- 2.12 The staff appraisal rate at DCHFT at the end of the quarter was 86% and their mandatory training rate was 89%.
- 2.13 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The latest data can be found: www.nhs.uk

Mixed Sex Accommodation

- 2.14 RBCHFT has continued to make improvements in relation to Mixed Sex Accommodation breaches with only two occurrences during quarter four. No other provider reported any breaches during the quarter.

Safeguarding

- 2.15 DCHFT's compliance with Children's Safeguarding, Adult Safeguarding and Mental Capacity Act training has been maintained for all areas with the exception of Level 2 children's training which had dipped slightly to 85%. This is being closely monitored by the CCG.
- 2.16 Overall compliance with Level three children's safeguarding training has improved to 76.3% for RBCHFT. PHFT has sustained performance during the quarter, with generally good compliance.

Infection Prevention and Control

- 2.17 There has been good performance at DCHFT and DHUFT in relation to C-diff rates, with both providers achieving their trajectory at year-end, when adjusted for 'no lapse' cases. RBCHFT and PHFT exceeded their trajectory, but overall health community performance was better than expected with a challenging end of year trajectory only narrowly missed. No Dorset provider reported an MRSA blood-stream infection at year-end and all of the cases provisionally assigned to Dorset CCG were finally assigned as third party cases.
- 2.18 The next meeting of the Pan-Dorset Infection Control Network will be in July 2016.

3. Caring

Complaints

- 3.1 All providers are making improvements to their complaints process to enable a more personal approach, including the CCG, although compliance with investigation and response timescales continues to be challenging. There was

significant improvement reported by DCHFT during quarter four with some improvement seen at PHFT and RBCHFT. DHUFT continue to perform the best in relation to complaint response times, but still fall short of the contractual targets.

4. Well-led

External reviews

- 4.1 PHFT had a planned CQC inspection January 2016 and the final report was published in May 2016. The overall rating for the Trust was “Requires Improvement”. A summary table of the findings is included below.
- 4.2 Initial actions have been taken to resolve immediate concerns, and the Trust 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.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Outstanding	Requires improvement	Good	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

- 4.3 The current position in relation to CQC inspections is as follows:

- Salisbury NHS Foundation Trust (SFT) – Inspection took place in December 2015, published in April 2016 – Requires Improvement;
- PHFT – Inspection took place over January and February 2016, published in May 2016 – Requires Improvement;
- DCHFT – Inspection took place in March 2016, the draft report is awaited;

- Yeovil District Hospital NHS Foundation Trust (YDHFT) - Inspection took place in March 2016, the draft report is awaited;
- SWASFT 111- Inadequate.

5. Responsive

Ambulance Handover Delays

- 5.1 During quarter four and the early part of quarter one Dorset CCG has been working closely with acute providers to identify improvement work in relation to handover delays. A visit was undertaken to the Royal United Hospital in Bath to look at their processes and identify transferable learning. A local workshop is being arranged and all three acute Trusts are working on individual plans to address this issue.
- 5.2 There has been continued poor performance at PHFT, but some improvement at RBCHFT. There is on-going work to try and improve handover delays which is being co-ordinated through the Systems Resilience Group.

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 Mortality Rates - During Quarter Four the crude mortality increased slightly. There has been a slight increase in HSMR, and it still remains higher than expected at 112. The SHMI data is showing a slight increase to 104. The Trust is continuing their weekly review of all hospital deaths to identify any modifiable factors.
- 1.2 Stroke - The Trust is currently at a level C for SSNAP.

2. Yeovil District Hospital NHS Foundation Trust

- 2.1 Mortality - Latest HSMR demonstrates that the Trust is performing well with a score of 98.7 (lower than expected). The Trust's SHMI is 1.027 which is well within expected ranges.
- 2.2 Stroke - During March stroke performance dipped with only 45% of patients being admitted directly to the stroke unit against a target of 90%. This was due to demand across the Trust and the number of patients attending. The Trust narrowly missed the target for CT scanning within one hour with the Trust achieving 69% against a target of 70%.

3. South Western Ambulance Service NHS Foundation Trust

Urgent Care Service

- 3.1 Overall GP shift cover for Urgent Care Services in Dorset was good for quarter four at 96%. There is generally good compliance with the national quality requirements with one area of non-compliance noted, this related to Urgent consultations commenced within two hours at treatment centres. The Trust produces a detailed exception report against this indicator and further work is being carried out to improve compliance with this indicator.

111 Service

- 3.2 The CQC published its report on the 111 services on 16 June. Areas identified for improvement by the CQC were:

- reviewing staffing numbers to ensure patients get timely care and treatment upon the first call to 111 and when receiving a call back;
- reviewing the roles and responsibilities of the Non-Pathway Advisors to ensure patients receive the right advice;
- ensuring call queues are robustly monitored and managed by staff with clinical authority;
- implementing consistent performance monitoring of staff across both sites;
- identifying staff development needs;
- increasing the number of call audits;
- ensuring all employees have a work place and desk risk assessment;
- implementing a clear leadership structure.

- 3.3 Immediate actions have been taken to address the concerns raised and the Trust is required by the CQC to achieve improvements by 8th July. The required work between CCGs and SWASFT is already well-advanced. An extensive programme to strengthen the 111 service has been developed.

- 3.4 Issues in relation to the Devon and Cornwall Service highlighted below has destabilised the Dorset service from the end of quarter four.

- 3.5 Following the whistleblowing incident in February 2016, SWASFT served notice on the Devon contract due to concerns that they could not provide the service under the financial envelope available. This led to a procurement process being initiated, and a new provider being selected to provide the service in Devon from October.

- 3.6 The main concern that affects Dorset emerging from the Devon issue is that the service in Devon is now unstable, and without external input is unable to be sustained as an un-blended model up till the transfer of service date (1 October 2016).
- 3.7 NHS Dorset has agreed to support Devon and Cornwall (in the interest of patient safety across those areas), and set a threshold of no-lower than 75% performance against the 60 second call handling target although this latterly has not been met.
- 3.8 Performance in relation to the Dorset service remains poor due to the cover that the service is providing to Devon and Cornwall. Twice weekly executive oversight meetings are being held across all commissioners, SWASFT, NHS Improvement and NHS England. This group's purpose is to manage the system risks and to support scrutiny of the actions being taken by SWASFT to try to maintain a safe service. The second role of the group is to mobilise wider system support for the service.
- 3.9 SWASFT has been trying to sub-contract some activity to other providers, but there is little capacity nationally. The Isle of White, SCAS and Vocare have agreed to start taking some activity in late July, but this will only represent about 450 calls per weekend, so will not have a significant impact on performance. SWASFT and NHS England are pursuing conversations with other providers.
- 3.10 SWASFT are offering an incentive scheme to retain the staff in the West hub and the majority of staff have signed up to the scheme. The Non Pathway Advisor (NPA) role has been disbanded (as of the 8 July) and the majority of former NPAs are now undertaking Pathways training to become call advisors.
- 3.11 NHS Devon CCG has now signed a contract with Devon Doctors and Vocare to provide 111 services from October 2016.
- 3.12 There are a large number of actions required by SWASFT in response to the whistleblowing allegations, PWC and CQC recommendations. These are being overseen robustly by the CCGs who commission the service and we are considering recruiting additional resource for this over the coming weeks and months.

999 Service Line

- 3.13 During Quarter Four the Trust failed to achieve their Red One, Red Two or Red 19. The Trust is currently participating in a national response pilot which is being run by NHS England. This has led to re-categorisation of calls and response and is being closely monitored. It is too early in the pilot to report on performance.

4. BMI Winterbourne

- 4.1 Following a CQC inspection in January 2016, the overall rating is 'Requires improvement'. A Quality Summit has taken place at which time the Provider confirmed many of the areas for improvement have been addressed.

PART D – CCG

1. Information Governance

Changes to the Data Protection Act

- 1.1 In May 2018 the Data Protection Act will be superseded by the European **General Data Protection Regulations (GDPR)**. This has been approved and is now law with the provisions of the regulation becoming effective on 25 May 2018. Until then the current Data Protection Act and principles remain in force.
- 1.2 The Information Commissioners Office (ICO) has stated that:
“the GDPR’s main concepts and principles are much the same as those in the current Data Protection Act (DPA); therefore, if you are complying properly with the current law then most of the approach to compliance will remain valid under the GDPR and can be the starting point to build from. However, there are new elements and significant enhancements, so you will have to do some things for the first time and some things differently”. The changes will require considerable revision to NHS IG policies and processes.
- 1.3 The ICO has released information for organisations on what steps to take in order to prepare for the provisions becoming law. The document ‘Preparing for the GDPR – 12 steps to take now’ is available from <https://ico.org.uk/media/for-organisations/documents/1624219/preparing-for-the-gdpr-12-steps.pdf>.
- 1.4 Following the referendum on 23 June it is currently believed that, although the GDPR is an EU Law, the UK will still apply it. The GDPR’s many obligations will apply to organisations which are established in the EU or who process personal information of EU citizens in connection with the offer of goods and/or services and/or monitoring behaviour within the EU, including many online activities. The UK economy, in particular the financial services sector, relies on the ability for data to be freely transferred to and from the UK. If the UK was to not implement the GDPR the question would be asked ‘do the UK laws offer data protection adequacy’? The answer would almost certainly be, they do not.

Points to Note:

Data Protection Officers

- 1.5 The CCG needs to designate a Data Protection Officer with the authority to take responsibility for data protection compliance. It has been suggested that this role should sit with a senior role; however, they must not be ‘just a figurehead’. They should have the knowledge, support and authority to conduct the role effectively.

Privacy Impact Assessments (PIA)

- 1.6 These will be known as Data Protection Impact Assessments and completion of them (PIAs) becomes law.

Where a new technology is being deployed, or where a PIA indicates high risk data processing, organisations will be required to consult the ICO to seek opinion as to whether the processing operation complies with the GDPR.

Consent

- 1.7 The conditions for obtaining consent have become stricter.

Legitimate Interests

- 1.8 Public authorities will be **unable** to rely on “*legitimate interests*” to legitimise data processing.

Information Held

- 1.9 Personal data we hold needs to be documented, where it came from, who we share it with and any further proposed uses. This supports the GDPR’s accountability principle, which requires organisations to be able to show how they comply with the data protection principles. The IG Team have already started this piece of work and are working with Directorates to identify and document all personal identifiable information held.
- 1.10 While we await formal guidance from the IG Alliance, Health and Social Care Information Centre, NHS England and /or the Information Commissioner it is apparent that there are some clear change needs that the CCG must begin to responding to. There will be both cost and process implications.
- 1.11 Dorset CCG must have in place all the elements of the GDPR by 25 May 2018 in order to operate legally.

2. Customer Care

- 2.1 During Quarter 1 the Customer Care Team has received 68 complaints, of which 41 complaints relate to Dorset CCG.

Complaints Relating To	2015/16 Q4	2016/17 Q1
Current CHC application	20	17
Retrospective CHC	7	12
Other commissioning issues	2	10
Individual patient Treatment	3	2
Providers	36	27

Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has requested information relating to one case during Quarter 1. One further request, in addition to the previously reported figure, was received in Quarter 4 2015/16.

2.3 MP Letters and Feedback queries

Number of	2015/16 Q4	2016/17 Q1
MP enquiries	23	24
Feedback and Involve enquiries	290	206

3. Care Homes

- 3.1 The single agency monitoring pilot using the ABACUSS tool is due to be evaluated in July and will then be formally reported to the next Quality group. The CCG is progressing in developing the terms and conditions to share the tool with other CCGs who are interested in using this risk based matrix in their monitoring processes.
- 3.2 The service specification for care at home has been reviewed by Dorset County Council and awaits ratification. A quality framework now supports the monitoring of quality of care in domiciliary providers. The team have been working with CHC commissioners to develop quality checks and accreditation of domiciliary care agencies providing care packages under NHS funded care.
- 3.3 The CCG is in the process of working with partners to deliver a Care Home Managers leadership programme in Dorset. This will be a key focus over the coming months and is being led jointly by the Quality Directorate and Workforce Team.

4. Medicines Management

- 4.1 Closing budget: the CCG closing budget at GP practice level shows an outturn of £114,628,762 which is an overspend of £3.164m approximately or 2.84%. The reasons for the overspend; already reported are the increases in prices of a number of branded medicines despite forecast decreases in generic medicines. In addition the growth as predicted in the use of higher cost NICE approved medicines for diabetes and the NOACs has continued to be a cost pressure. Dorset CCG is still behind other CCGs in the UK in percentage of patients on the newer anticoagulants, so the forecast is one of continued cost pressure in this area of prescribing.
- 4.2 Current national position: Despite being the third largest CCG by population size, Dorset remains in the lowest quartile of all spend when compared to the other CCGs in England.
- 4.3 When comparing 2015/16 with the previous year, there has been a 2% increase in items and a 7% increase in cost overall. Some of the increase in cost is associated with changes at national level. Local forecasting on growth in items and spend has been shown to be accurate. What could not be forecast is the national increase in price of the branded medicines in category A and C of the drug tariff.

- 4.4 DSQS: (Dispensing Services Quality Standards) A checklist for practices is being developed to support them in ensuring they have the correct policies and procedures in place. Self-declaration will take place this year, with post verification checks carried out from 2017 with appropriate notice. The medicines team is working closely with the Local Medical Committee on this work.
- 4.5 Medicines Optimisation Dashboard: This has been updated. The CCG continues to benchmark reasonably well in most measures, the exception being NSAIDs (Anti-inflammatory drugs) and repeat dispensing. There is a little improvement, and this may translate into a more positive position once the work undertaken in 2015/16 is realised. Repeat dispensing is subject to a wider action plan to attempt to increase the uptake as it can have significant time savings for practices, provided a critical mass is reached. The full dashboard can be found at <https://www.england.nhs.uk/ourwork/pe/mo-dash/>.
- 4.6 Polypharmacy measures: there are due to be some national polypharmacy measures which amongst other things will identify practices where there are high proportions of patients on 10+ medicines. This may be useful as an aid in identifying potential quality issues and targeting resources. These will be part of a polypharmacy action plan for the CCG. Locality prescribing leads are being encouraged to ensure that their colleagues caring in particular for the frail elderly over 75 population are aware of and utilising the poly-pharmacy tools, seeking pharmacy help where appropriate.
- 4.7 ABPI (Association of the British Pharmaceutical Industry) disclosures: the CCG has begun to receive disclosures on pharma company payments. The first one received was wrongly attributed to the CCG and work is underway to address this.
- 4.8 NHS England medicines Optimisation reference group: The senior pharmacists share membership of a national group hosted by NHS England for medicines optimisation. This group looks at high cost drugs and optimising their use and making sure that NHS England takes into account the practical implications of their use and safety. The Dorset representation is one of four CCGs represented for each region. This group gives good insight into the national level commissioning discussions, and the way the high cost drugs are managed and their value is maximised and it is positive that the CCG has a place in such discussions.
- 4.9 The medicines team continue to network widely with relevant groups across Wessex including Local Professional Network for Pharmacy, Local intelligence Network for controlled drugs, the Academic Health Science Network medicines optimisation group and groups for commissioning pharmacists and chief pharmacists.

5. Looked After Children (LAC)

Initial Health Assessments (IHA)

- 5.1 Performance IHA Data for May is currently outstanding. April's performance rate of 37.5% showed that the remaining 62.5% were delayed due to children being

placed more than 50 miles out of county. Focus remains high in monitoring this area.

- 5.2 Following retirement, a new Designated Doctor for LAC has been appointed.

CCG Annual LAC Health Report

- 5.3 The 2015/16 annual report has been completed and was presented at the Quality Group in June. An Executive Summary will be presented to the CCG Governing Body with a portal link to the main report.

SW NHS England

- 5.4 The Director of Quality and the Designated Nurse were invited to present the benefits of the Designated LAC Nurse post situated within the CCG. This was well received and has generated a number of requests to share good practice.

6. Safeguarding Adults

- 6.1 Four half day sessions for health providers to focus on self-neglect and the use of the Multi Agency Risk Management Meeting (MARMM) have been delivered and positively evaluated. A local GP presented a complex case at the Adult Safeguarding Board and saw the MARMM framework as being extremely helpful and allowed solidarity amongst professionals for the benefits of the patient.
- 6.2 The first review of the national Adult Safeguarding guidance has been commenced, with the plan it will be completed and agreed in time for the Adult Safeguarding Procedure rewrite.
- 6.3 An initial stakeholder meeting has been arranged between, Health, Social Care, Public Health, Fire, Environmental Health and Housing to finalise the guidance for the impact of hoarding in adult safeguarding.
- 6.4 The Domestic Homicide Review/Safeguarding Adult Review (SAR) Panel for an individual with learning disabilities is on-going.
- 6.5 An internal audit of Adult Safeguarding has been completed. The review included governance arrangements, training, processes for lessons learnt, oversight of alerts / enquiries and contract monitoring.

7. Safeguarding Children

- 7.1 The number of children subject to a protection plan has remained relatively static.

9.1

Quarter 4	January	February	March	April
Poole	136	144	142	143
Dorset	406	421	410	409
Bournemouth	150	160	148	144
TOTAL	692	725	700	696

- 7.2 It is recognised that the number of children subject to a protection plan is proportionately high in Dorset. This has been considered by the LSCB and evidence suggests that the higher numbers reflect a strengthening of thresholds and an improvement in practice by frontline practitioners.
- 7.3 During the recent OFSTED inspection within DCC, the inspectors reviewed the current protection plans in place and although the numbers are high, no child was identified as not requiring a protection plan. However it is recognised by all Pan Dorset partner agencies that early intervention requires strengthening with the expectation of reducing the number of children requiring progression to a protection plan.
- 7.4 There are currently four SCRs in progress, two in Bournemouth and Poole and two in Dorset. Three other cases are being currently audited by the DSCB. Learning will be cascaded once these have been completed.

8. OFSTED Inspection of Dorset County Councils Children's Services

- 8.1 Dorset County Council received its inspection of Children's services by OFSTED in February. The inspection took place over four weeks and the final report was published in May. The overall OFSTED rating for Children's Services was that it 'Requires Improvement'.
- 8.2 The report recognised the Director of Children's services and her senior team provide strong leadership. They know which areas of the service need to be better and are taking steps to improve these. However, many of the improvement measures they have planned are not yet in place or have been too recently implemented to have made a sustained difference. Consequently, children and young people in Dorset do not receive a consistently good enough service. Referrals about children's welfare are not always dealt with quickly or efficiently. Such drift and delay generally stems from poor management oversight and decision making at this important early point of involvement with children and their families. Performance data gathered by the LA has a number of important omissions. This is an area the LA has struggled with in understanding what data is required and what impact the data is demonstrating.

- 8.3 The Dorset Safeguarding Children Board (DSCB) was found to be inadequate because it does not fully discharge its statutory responsibilities. The board is failing to adequately monitor the effectiveness of help being provided to children, young people and their families, including early help. It is not providing sufficient challenge and leadership at a strategic level, working with the Health and Well-being Board, as statutory guidance directs, or with partner agencies through the Dorset Children's Trust. This limits the board's ability to understand the key issues affecting children and young people, to assess whether DSCB partners are fulfilling their statutory obligations and to influence their practice.
- 8.4 A governance review of the Board has now been completed and a new Chair appointed, to commence in July.

9. Primary Care

- 9.1 During Quarter Four the CCG progressed the work on practice profiling and identifying vulnerable practices. This practice profiling will be a constantly evolving document and will be updated to reflect not only nationally available data sources, but also local intelligence identified through contract monitoring and other primary care work streams.
- 9.2 The indicators selected for inclusion in the initial profile are all in the public domain and include information from:
- CQC;
 - Safeguarding training;
 - Staffing levels;
 - QOF;
 - Patient experience (National GP Patient Survey);
 - Unplanned admission data;
 - Prescribing;
 - Public Health Outcome Framework data.
- 9.3 Via the practice profiling task and finish group and regular meetings between the Primary Care, Quality and Business Intelligence Teams the CCG has been working to identify vulnerable practices. In addition a number of practices have put themselves forward as being potentially vulnerable, in particular due to significant workforce issues. The group has used intelligence from a range of national sources as well as local intelligence.
- 9.4 To date the CCG has been notified that there have been 31 CQC reports published relating to Dorset Practices, of which 24 were rated as 'good', five were rated as 'requiring improvement', one rated as 'Inadequate' and one rated as 'Outstanding'.

- 9.5 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.
- 9.6 Northbourne surgery is the practice that has been identified as 'Inadequate' and is now part of a formal monthly improvement monitoring process led by the CCG with support from NHS England and the Local Medical Committee.

10. GP Intelligence Monitoring

- 10.1 The key issues identified by the GP 'niggles' system continue to be medication and discharge issues. All acute providers have agreed to a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries.
- 10.2 The main issues reported continue to be in relation to the quantity of discharge medication provided to patients on discharge which is being followed up contractually with providers.

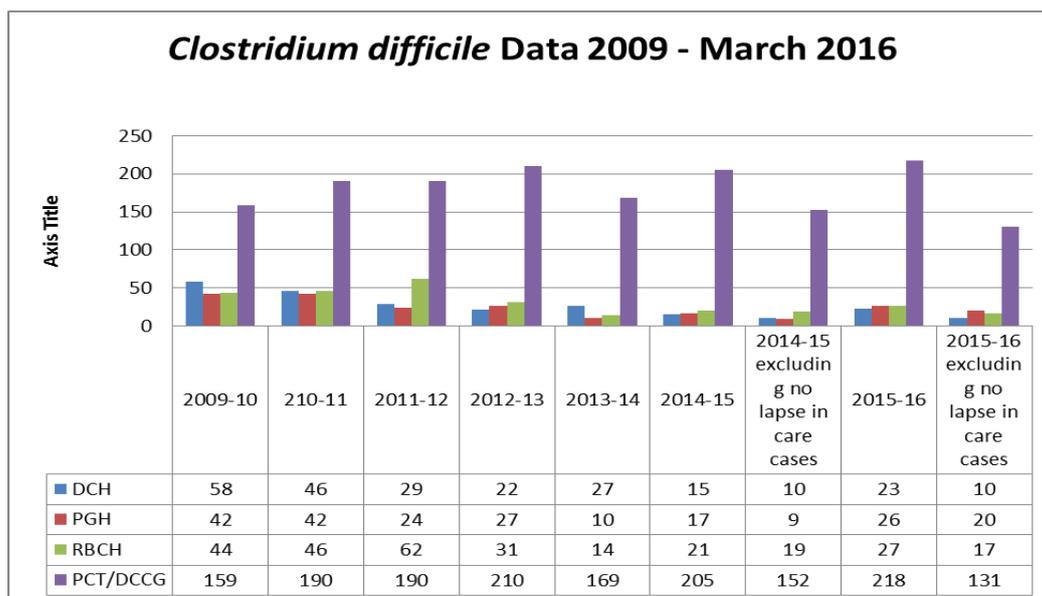
11. Infection Prevention and Control

MRSA Bacteraemia

- 11.1 There have been no further cases of MRSA Bacteraemia since January 2016, with nine cases confirmed at year-end all of which were initially assigned to Dorset CCG as occurring within primary care. There have been no provider assigned cases this year to date.
- 11.2 Following investigation, all cases were referred to the Regional Panel for arbitration. All have been reviewed and were found unrelated to healthcare interventions and the cases final assignment was to third party. This assignment reflects the agreements that there were no lapses of care in the healthcare received, and the bacteraemias could not have been prevented.
- 11.3 All lessons learnt identified during each review have been shared with providers.

Clostridium Difficile

- 11.4 The graph and table below demonstrates the reduction over time for Trusts and the increase for community cases. 'No lapse in care' cases are excluded from the trajectory as shown. The fall in numbers of cases has been reducing, which may reflect the static position of prevalence in the community.



12. Continuing Healthcare

- 12.1 The current position relating to PUPOC cases is challenging, in light of the number of cases yet to resolve. An action plan and work programme are in place in order to achieve the 31 August target, to deal with both the existing cases and clear those cases prior to the next announcement. Responsible commissioner cases are scrutinised on a case by case basis in order to ensure the correct CCG deals with each case. NHS England have written to all CCGs on 16 June requesting that these cases are dealt with within the originating CCG wherever possible.
- 12.2 A CHC summit took place on 3 June 2016 with the aim to determine steps that can be taken across the whole health and social care sector, incorporating acute and community hospitals, adult social care, DHUFT and Dorset CCG to address issues raised relating to delayed discharges and CHC patients. The summit was well attended and received by all organisations within Dorset, together with representatives from Salisbury and Yeovil Foundation Trusts. The summit was successful in agreeing system wide changes to facilitate timely discharges from acute hospitals for those patients identified who may meet the eligibility criteria for NHS fund CHC. An action plan has been drawn up capturing these initiatives in order to implement them as soon as practicable. This will be overseen by the Joint Commissioning Board.
- 12.3 A proposal to introduce personal health budgets for fast track cases to ensure patients identified at the end of their lives are discharged in a timely manner has been agreed. This will be piloted and reviewed after 10 cases have been approved, and currently the PHB agreement is with Beechcroft Solicitors for final sign off. Once this has been done then the pilot will commence during Q2 2016/17.
- 12.4 The new Children's National Framework was published in January 2016 by NHS England. There are no fundamental changes and the current draft Operational Policy for the Children's Continuing Care team for DCCG is now awaiting approval.

13. Quality Improvement Projects Annual Report

- 13.1 The Annual Report was presented to the recent Quality Group in June and provides an outline of the current projects being supported by the Quality Improvement and Care Home Team.
- 13.2 Projects are identified through the CCG priority setting process and analysis of themes and trends in the information received regarding the quality of services provided. This includes learning from; adverse and serious incidents, complaints, patient experience reports, monitoring and compliance reviews, safeguarding and soft intelligence.
- 13.3 The ABACUSS tool was shortlisted for a National Patient Safety Award at this year's National Patient Safety Congress.
- 13.4 Several members of the team have presented projects at the 2016 Wessex Frailty conference.
- 13.5 The Team were invited to present both the Dementia Quality Project and the Complaints Improvement Project at the Wessex Quality Improvement conference on 15 June in Southampton. The ABACUSS tool was presented as a poster submission at the same event.

14. Conclusion

- 14.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 14.2 The majority of quality indicators show that quality of care is generally good.
- 14.3 However, some areas of concern have been identified which are being addressed appropriately. The main areas of concern are 111 services, mortality rates and the outcome of current and planned CQC visits.

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APPENDICES	
Appendix 1	Quality Scorecard