

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

<b>Date of the meeting</b>	21/09/2016
<b>Authors</b>	S Shead, Director of Nursing and Quality
<b>Sponsoring Clinician</b>	Dr S Yule, Locality Chair for North Dorset
<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</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>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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

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 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 In March 2016, the Care Quality Commission (CQC) undertook a planned inspection at Dorset County Hospital NHS Foundation Trust (DCHFT).
- 1.4 The CQC Report was published on 18 August 2016 and rated the service as *Requires Improvement*. These are the overall findings of the Care Quality Commission:
- Are services safe – Requires improvement;
  - Are services effective – Requires improvement ;
  - Are services caring – Good;
  - Are services responsive to people’s needs –Requires Improvement;
  - Are services well –led – Requires Improvement.
- 1.5 There has been one Never Event reported by DCHFT.
- 1.6 Stroke performance across Dorset is variable with the latest SSNAP Data showing RBCHFT at Level A, PHFT at Level D and DCHFT at Level E. Both PHFT and DCHFT are working with Bournemouth through the Vanguard to improve performance.
- 1.7 South Western Ambulance Service has received their draft CQC report and publication date is expected to be at the end of September.

## 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 reported by DCHFT relating to a wrong site procedure. This circumstance surrounding the incident is currently subject to an investigation.

#### Maternity Serious Incidents

- 2.2 Following a review of the Serious Incidents (SIs) reported across the three maternity units in Dorset over the past year, a theme developing in the incidents reported by PHFT was around late unexpected Intra Uterine Deaths. A joint CCG/PHFT meeting took place to explore the reasons further. In summary, Commissioners were provided with assurance that there are no concerns regarding the number of reported SIs by Poole Maternity Services and commend the work being taken to learn from incidents and to continue to drive improvements in practise which will be shared across the three providers. There is also recognition that the reporting of maternity incidents is not consistent across Dorset and this is being taken forward by the Quality Team to agree key principles.

#### Diabetes Foot Services

- 2.3 From April 2015, activity data supplied via CCG Business Intelligence highlighted that the number of major amputations taking place at RBCHFT for patients with diabetes was outside the expected commissioned activity and benchmarking data. Early findings indicated that the majority of these patients were receiving diabetes care within the service managed by Poole Hospital Foundation Trust (PHFT). Both short and long term actions were identified to address this concern in care and progress is being monitored through the PHFT Contract Review Meetings.

#### Stroke Services

- 2.4 Nationally for Q4, RBCHFT achieved an overall SSNAP Level A with a score of 87. Only 11 Trusts achieved a score of 87 or higher, placing the Trust in the top 5% of the country.
- 2.5 PHFT achieved an overall SSNAP Level D which has remained unchanged for a year. The Trust are linking with RBH through the Vanguard with the intention of improving performance.
- 2.6 DCHFT is currently at level E. The Trust has been working with RBCHFT under the vanguard and has put in place a range of improvements. The Stroke team are assessing themselves on a monthly basis against the SSNAP standards and are predicting a significant improvement in their next published level to a C.

## **Mortality Rates**

- 2.7 Following concerns identified that DCHFT remain above the upper control limit and have a mortality rate that is 'higher than expected', the Trust is pro-actively implementing the actions from their external mortality review. The SHMI rate remains 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 and progress will be included in future reports.

## **WHO Checklist**

- 2.8 Compliance with the WHO checklist remains variable across providers. PHFT are currently reporting 96% compliance, RBCHFT reported 94% compliance on average and DCHFT is reporting 100% compliance.

## **Nutrition Assessments**

- 2.9 Apart from PHFT and DHUFT, all providers remain lower than expected in relation to nutritional assessment compliance. Performance at DCHFT is fluctuating with a recent reported drop to 75% compliance, a rate echoed by RBCHFT. This is being followed up through the contractual route.

## **Pressure Ulcers**

- 2.10 Having previously reported an increasing trend in the reported number of acquired pressure ulcers at PHFT, the Trust has confirmed that a number of actions are being taken to address what it considers to be unacceptable levels of harm. A number of actions are already in progress including reviewing the process of reporting pressure ulcers, increased education to ward staff and following a service review, the Trust is planning to appoint a Band 7 Specialist Tissue Viability Nurse to provide additional targeted oversight and resource to this important area of practice. Performance is being monitored monthly and the Trust is actively engaged with the Dorset Pressure Ulcer Prevention Group.

## **Staffing**

- 2.11 The performance on appraisal rates at RBCHFT is on trajectory to achieve compliance by the end of March 2017. It should be noted that RBCHFT sets a zero baseline on the 1 April each year. Compliance with mandatory training also continued to improve at 90.2%.
- 2.12 There was a slight improvement in appraisal rates at PHFT with performance by the end of July at 85%. The Trust also demonstrated a slight improvement in compliance with mandatory training with a level of 88%.
- 2.13 The staff appraisal rate at DCHFT remains unchanged at 80% with a mandatory training rate of 86%.
- 2.14 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The latest data can be found: [www.nhs.uk](http://www.nhs.uk).

## **Mixed Sex Accommodation**

- 2.15 RBCHFT has continued to make improvements in relation to Mixed Sex Accommodation breaches with one occurrence in July. DCHFT reported four breaches in July.
- 2.16 The CQC reported highlighted some issues with mixed sex accommodation in the critical care unit when patients become fit to be transferred to a ward. The Trust is reviewing its policy on this.

## **Safeguarding**

- 2.16 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 has dipped to 82% and is being closely monitored by the CCG.
- 2.17 Overall compliance with Level three children's safeguarding training has continued to improve to 86% for RBCHFT. Although low at 45%, compliance for RBCHFT with Mental Capacity and DoLs training is improving.

## **Infection Prevention and Control**

- 2.18 There are no exceptions to report.

## **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.

## **4. Well-led**

### **External reviews**

- 4.1 DCHFT had a planned CQC inspection in March 2016 and the final report was published on 18 August 2016. The overall rating for the Trust is "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	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

- 4.3 Dorset HealthCare University NHS Foundation Trust (DHUFT) - the CQC conducted a follow up inspection in seven areas that were previously rated as requires improvement. Four of these areas were found to have improved and were rated as Good; MIU, CAMHS, Long stay rehab mental health and Older Peoples mental health. The three areas that stayed the same and require improvement are; CMHT – adults, CMHT – older people and Crisis and Home treatment. The areas that were rated as requires improvement at initial inspection; Community health services for Children, young people and families, community health inpatients and end of life care are yet to receive a follow up inspection.

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

- RBCHFT – Inspection took place in October 2015, published in April 2016 – Requires Improvement;
- 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, published in August 2016 - Requires Improvement;

- DHUFT- Follow up inspection in seven areas has concluded and draft report has been issued to the Trust. At the time of writing this report the update reports have not been published, a verbal update may be able to be provided at the meeting;
- YDHFT - Inspection took place in March 2016, published in July 2016 – Requires improvement;
- SWASFT 111- Inadequate- The Trust is working through improvement actions and further inspection has taken place. 999 and Out of Hours Inspection report due to be published in September.

## 5. Responsive

### Ambulance Handover Delays

- 5.1 There has been continued poor performance at PHFT and DCHFT, 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 Mixed Sex Accommodation - In Q1 a total of eight non-clinical mixed sex accommodation breaches occurred affecting 62 patients on AMU.
- 1.2 Stroke - The Trust is currently at a level C for SSNAP.

### 2. Yeovil District Hospital NHS Foundation Trust

- 2.1 The outcome of the Trust's recent CQC inspection was 'Requires Improvement'. A large number of areas of concern were in the 'safe' domain which has required urgent action to address.
- 2.2 Stroke – Having previously reported deterioration in stroke performance, further information has been requested. A detailed report provided by YDHFT will be the special focus of the November CRM.

### 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 Q1 at 96%. There is generally good compliance with the national quality requirements however for the period between April – June 2016 two areas of non-compliance

were noted, this related to Urgent consultations commenced within two hours at treatment centres which were at 87.9% (target 95%) and home visits which were 92.1% (target 95%). The Trust produces a detailed exception report against these indicators and further work is being carried out to improve compliance with both.

## **111 Service**

- 3.2 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.
- 3.3 SWASFT has been trying to sub-contract some activity to other providers, but there is little capacity nationally. SCAS and Vocare have started taking some activity from late July and an escalation process for referral to national contingency has been agreed.
- 3.4 SWASFT is offering an incentive scheme to retain the staff in the West hub and the majority of staff have signed up to the scheme. The 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.
- 3.5 CQC have conducted a review the outcome of this is not yet known, including if the warning notices which were issued following the inspection in March will be removed.
- 3.6 The new service in Devon starts in October 2016, with planned handovers during September. The service is developing an improvement trajectory for the service which will be agreed with CCG, this will align to the staff recruitment.

## **999 Service Line**

- 3.7 The Trust is currently participating in a national response pilot (ARP) which is being run by NHS England. The pilot is leading to difficulty in measuring performance against current standards. Anecdotally, the pilot is being effective in getting the right vehicle/support to patients at the right time but further evaluation is required.
- 3.8 CQC has inspected the 999 and Out of Hours Service the draft report has been sent to the Trust and the final report is expected at the end of September.

#### 4. Nuffield- Bournemouth

- 4.1 Concerns were raised during a recent CQC inspection. Commissioners met with the Provider and there is no evidence to suggest that patients have come to harm. An action plan is in place and further information will be provided once the final CQC report is published.

#### 5. Marie Stopes International (MSI)

- 5.1 Following CQC's inspections of Marie Stopes International's services and its corporate headquarters in England, the regulator has raised concerns about the provider's corporate and clinical governance arrangements and patient safety protocols in specific areas which resulted in the suspension of elements of local service provision.
- 5.2 Alternative provision has been provided to patients through BPAS.

#### 6. Weldmar Hospice Trust

- 6.1 Following a planned CQC inspection, the final report was published in July with an overall rating of 'Outstanding'.

### PART D – CCG

#### 1. Information Governance

##### **Report from the National Data Guardian on Data Security Standards plus CQC Policy Statement**

- 1.1 In September 2015 Jeremy Hunt asked the Care Quality Commission (CQC) to undertake a review of data security in the NHS following an incident at Chelsea and Westminster NHS Trust. He also asked Dame Fiona Caldicott, the National Data Guardian (NDG), to develop new data security standards, a method for testing compliance against these and to recommend a new consent model for data sharing in the NHS and social care. He highlighted the importance of both organisations working closely together and the reports, as named above, were published on 6 July 2016.
- 1.2 There are strong common themes between the findings and recommendations in both reviews. Both found that across the NHS there is widespread commitment to keeping data secure and that the public generally trusts the NHS, in particular, to do so. However, they did identify areas where more can be done to protect against potential risks.

##### **Note:**

Commissioners are required take account of the standards when commissioning services.

- 1.3 CQC and the National Data Guardian have made a number of recommendations to the Secretary of State for Health plus three Leadership Obligations:

**Leadership Obligation 1: People:**

Ensure staff are equipped to handle information respectfully and safely, according to the Data Protection Act and the Caldicott Principles.

**Leadership Obligation 2: Process:**

Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.

**Leadership Obligation 3: Technology:**

Ensure technology is secure and up-to-date.

- 1.4 Under each leadership obligation there are a number of Data Standards that need to be adhered to.
- 1.5 It is expected that leaders of every health and social care organisation should commit to the data security standards. They should demonstrate this through audit or objective assurance, and ensure that audit enables inspection by the relevant regulator.
- 1.6 The NDG has recommended that the Department of Health (DoH) conducts a comprehensive formal consultation on the proposed standards. This is in process and closes on 7 September 2016.
- 1.7 On completion of the review of the public consultation, and the subsequent report, the Head of IG/Customer Care will provide a report for Directors. The full reports can be accessed from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/535024/data-security-review.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF)

<http://www.cqc.org.uk/sites/default/files/20160411%20Final%20Policy%20Statement%20on%20Information%20Security%20July.pdf>

## 2. Customer Care

- 2.1 During Quarter 2 (to date 31 August) the Customer Care Team has received 24 complaints, of which 11 complaints relate to Dorset CCG.

<b>Complaints Relating To</b>	<b>2016/17 Q1</b>	<b>2016/17 Q2 (to 31 August)</b>
Current CHC application	17	1
Retrospective CHC	12	6
Other commissioning issues	10	2
Individual patient Treatment	2	2
Providers	27	13

## Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has requested information relating to five cases during Quarter 2. Two of these cases are now under investigation.

### MP Letters and Feedback queries

2.3

Number of	2016/17 Q1	2016/17(to date 31 August)
MP enquiries	24	8
Feedback and Involve enquiries	206	164

### "Fobbed Off" - experiences of making an NHS complaint Report by Healthwatch

- 2.4 In July 2016 Healthwatch Dorset released the above named report which focused on the experience of patients/persons who had made a complaint to one of three NHS Foundation Trusts within Dorset. These included Dorset County Hospital NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.
- 2.5 The report is based on the results of a survey sent to patients/persons who had brought a complaint against an NHS Foundation Trust in Dorset in 2015. The purpose was for respondents to the survey to share their experiences of the complaints system and process. The survey went to 764 people in total. One hundred and fifty-eight (158) of them responded (a response rate of 21%).
- 2.6 Poole Hospital NHS Foundation Trust was asked by Healthwatch to take part but was unable to do so at that point in time. They have stated that they would participate in any future surveys.
- 2.7 As well as asking patients/persons to answer survey questions they were given the opportunity to recount, in their own words, their experiences of various aspects of making a complaint. Healthwatch received 176 comments, the majority of which were wholly or partly negative; in general people considered that they had not received a comprehensive reply and felt "fobbed off".
- 2.8 Based on the findings of the survey Healthwatch have made a number of recommendations to the Trusts which have been accepted and acted upon. A sample of the recommendations relate to training for staff, promoting the role of PALS, meeting with complainants, keeping to timescales or, if not possible, keeping the complainant informed.
- 2.9 The full report can be accessed from <http://www.healthwatchdorset.co.uk/resources/fobbed-experiences-making-nhs-complaint>

- 2.10 The CCG will be ensuring that these lessons learned are embedded within the Trusts' culture and processes in the future through our contractual and quality assurance processes.

### 3. Care Homes

- 3.1 An evaluation report of the single agency monitoring pilot has been prepared for the Dorset Adult Safeguarding Board in September. The pilot was positively rated by care home managers and the benefits and outcomes summarised as; instant feedback, time saved, time re- invested, increased safety and quality and smarter working. The new approach demonstrated a more proactive and responsive service that benefits service users, care providers and monitoring staff alike whilst maintaining close collaborative working between organisations.
- 3.2 There has also been progress with a draft policy for the management of closure of a care home which has been led by the CCG. The document is currently out for comment by Local Authorities and other stakeholders.
- 3.3 Thames Valley and Wessex Leadership Academy have agreed to fund an initial Care Home Managers leadership programme in Dorset. It is hoped that once the benefits of this programme are evidenced there will be ongoing support from the Dorset Workforce Action Board. It is also hoped to progress some areas of workforce development, recruitment and retention in the independent care sector with the new Primary Care Workforce Centre.

### 4. Medicines Management

- 4.1 Prescribing budget: the forecasts for the 2016/17 financial year have now been calculated. The initial forecast from the NHS BSA shows a predicted underspend. Some of this will be due to the significant cuts in generic priced medicines in the first six month of the financial year.
- 4.2 Our local forecasts predict a small underspend/break-even position, taking into account locally known factors and the anticipated continued increase in higher cost NICE approved drugs.
- 4.3 A new reporting of forecasts is being trialled with the medicines optimisation group (MOG). This includes looking at variation in growth, comparing list size changes and potential generic opportunity savings. The medicines and finance team are attempting to estimate the lost opportunity of generic savings from category M price cuts, when practices are lower generic prescriber. If the methodology is approved by MOG then it will be included widely in reports on prescribing across the CCG.
- 4.4 **NHS Benchmarking initiative:** The medicines team is taking part in the NHS benchmarking initiative for medicines teams in CCGs and has submitted data during July. The results will be made available at a conference on 19 October.

- 4.5 DSQS (Dispensing Services Quality Standards): By the end of September 2016 50% of dispensing practices will have received a visit to discuss the quality standards required from the Dispensary Services Quality Scheme (DSQS). The response and feedback from practices has been wholly positive with two practices already requesting follow up visits to review work undertaken to address actions raised at the first visit.
- 4.6 Dispensary audits from 2015/16 have now been shared by NHS England and these are currently under review by the medicines management team.
- 4.7 **Controlled Drug (CD) monitoring:** Controlled drugs monitoring activity is underway with a range of there are a number of live investigations underway and some outlying of prescribing that are being looked at by the CCG medicines team and NHS England.
- 4.8 Co-proxamol, and Dipipanone–Cyclizine combinations: Letters have been sent to practices who are still prescribing these drugs. The CQC and the NHS England Medical Director are now looking into the continued prescribing of Co-proxamol and Dipipanone/cyclizine as the variation is unwarranted and both drugs are more harmful than beneficial as well as very costly.
- 4.9 Medicines Optimisation Dashboard: this has been updated for August 2016 and for the majority of measures, Dorset CCG is mid table, which is a good position to be in given the local demographic. Exceptions to this are the percentage of patients having repeat dispensing and electronic repeat dispensing where the CCG is a great outlier with some of the lowest uptake in England. The CCG remains one of the CCGs with the lowest proportions of Ibuprofen and Naproxen as a percentage of all NSAIDs, which may be putting our patients at greater cardiovascular risk. This is despite reporting this at practice visits, and asking practices to audit prescribing. The MOG GPs are being asked to consider how best to manage this variation.
- 4.10 Dorset is now mid table for the uptake of newer anticoagulants at 21.9% usage (as a proportion of all anticoagulants), having been closer to 11% previously. This reflects the increases in costs during 2015/16.
- 4.11 Medicines safety officer update: The medicines management team receive notifications from MHRA detailing information relating to alerts and recalls for drugs and medical devices. In addition, these notifications are sent by MHRA to all GP practices. MHRA notifications are assessed by a member of the medicines management team, using the most recent practice prescribing data. If a notification is determined as having potential to directly affect the safety of a patient for whom a practice has recently prescribed for then the practice is contacted directly.
- 4.12 It is the responsibility of the provider/GP practice to ensure that these are acted upon. The CCG needs to be assured that this is completed. This is also an area of focus for the CQC.
- 4.13 Between July and August 2016 there were seven notifications received from MHRA. Of these, four were determined to have the potential to affect the safety of primary care patients locally and two alerts were for items that had recently

been prescribed to diabetic patients at a significant number of practices. The relevant practices have been contacted and asked to review the affected patients in line with guidance issued from MHRA..

- 4.14 Regional Medicines Optimisation Committees: NHS England has published a consultation on the introduction of regional medicines optimisation committees. There has been very limited engagement to date and there remain concerns as to how any advice generated affects the CCG in the statutory drug decision making role. A response to the consultation is being drafted.

## **5. Looked After Children**

### **Initial Health Assessments (IHAs)**

- 5.1 Performance has increased for Dorset County Council (DCC) from 28% in Q4 to 60.8% at the end of Q1. This has increased the overall Pan Dorset performance for PHFT from 51.3% in Q4 to 73.3% at the end of Q1. Monthly monitoring will continue to ensure a sustained improvement. DCC have requested the support of the CCG and DHUFT in completing a multiagency case audit of ten LAC accommodated within the last 12 months with lessons learnt being shared with all agencies and OFSTED.

### **Review Health Assessments (RHAs)**

- 5.2 For DHUFT, the Pan Dorset performance has fallen from 83% in Q4 to 72.4% at the end of Q1. This has been attributed to an increasing case load and reduced capacity. Following increased investment the CCG have informed DHUFT that a marked increase in capacity and performance is expected by the end of Q3 and will be monitored via the contract review meetings.

### **Unaccompanied Asylum Seeking Children (UASC)**

- 5.3 Under the recently published Interim National Transfer Protocol for Unaccompanied Asylum Seeking Children (UASC), a CCG UASC health pathway has been established in partnership with providers to ensure all UASCs are fast tracked to have their health screening completed as part of their IHA to meet both their individual health needs and protection of our existing population. Close liaison is being maintained with the three LA's and the Designated Nurse is tracking placement arrangements and linking with Primary Care regarding any cluster placements which may impact individual GP practices.
- 5.4 To date Pan Dorset twenty young people have been placed, predominantly between 16-18 years of age and all male. It is anticipated that based on the national allocation calculated as 0.07% of Dorset's total child population, that a further 81 children may be placed in the area.

## **6. Safeguarding Adults**

- 6.1 Following a recent internal audit of adult safeguarding within the CCG, a number of minor actions were identified and are being completed.

- 6.2 NHS England has published a draft intercollegiate guidance for adult safeguarding. The guidance is intended to set the landscape for the training requirements for all health care staff.
- 6.3 The recently published NICE Quality Standards for Domestic Violence and Abuse (QS116) have been reviewed and plans are in place to ensure that primary care and NHS providers are aware of the requirements of their organisations.

## 7. Safeguarding Children

- 7.1 From September 2016 Dorset County Council (DCC) will have one front door access to early help which will allow filtering to the most appropriate service. This is in line with the development of a Pan-Dorset MASH single point of contact with Police, Health and Social Care involved in early decision making. Poole and Bournemouth LAs will be following shortly afterwards and once in place the arrangement will fulfil a statutory responsibility for police, health, and social care in child safeguarding.
- 7.2 Following a one-off meeting to agree the monitoring arrangements for the multi-agency commissioned Barnardos CSE and Missing Childrens Service, it has been agreed that performance will be reported to the LSCB Pan Dorset CSE, Missing and Trafficked Sub Group.
- 7.3 The Section 11 report on GPs Safeguarding processes has been fully reviewed and is available as a [background document](#). The results are pleasing and it has shown growth and understanding of safeguarding practices within general practice. A key area for improvement is to ensure representation from health services at child protection conferences as well as the provision of high quality health reports to inform decision making.
- 7.4 The final completed action plan has been submitted to the CQC following last year's Safeguarding Children inspection. It has been agreed to review the action plan in six months to ensure actions have been sustained and positive outcomes evidenced.
- 7.5 A follow up visit by OFSTED has taken place at DCC following an inspection earlier this year. The outcome of the visit is awaited.

## 8. Primary Care

- 8.1 Work on refining the practice profiling process and identifying of vulnerable practices continues.
- 8.2 Through the practice profiling and contract monitoring meeting, attended by the Primary Care, Quality, Finance 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.
- 8.3 Local intelligence identified through all primary care work streams is discussed alongside the practice profiling document, which contains publicly available data.

A collective decision to identify practices as vulnerable is made alongside documenting the rationale for identifying them.

- 8.4 To date the CCG has been notified that there have been 63 CQC reports published relating to Dorset Practices, of which 53 were rated as 'good', seven were rated as 'requiring improvement', two rated as 'Inadequate' and one rated as 'Outstanding'.
- 8.5 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.
- 8.6 Northbourne surgery and The Barn surgery have been identified as 'Inadequate' and are both now part of a formal monthly improvement monitoring process led by the CCG with support from NHS England and the Local Medical Committee.

## 9. GP Intelligence Monitoring

- 9.1 Care pathway issues continue to be an area of concern highlighted to the *GP Niggles System*. The inter- speciality referrals process whereby all referrals must be made by the GP is causing frustration in Primary Care and a view that this delays a patient's pathway. This feedback is being shared with Service Delivery.

## 10. Infection Prevention and Control

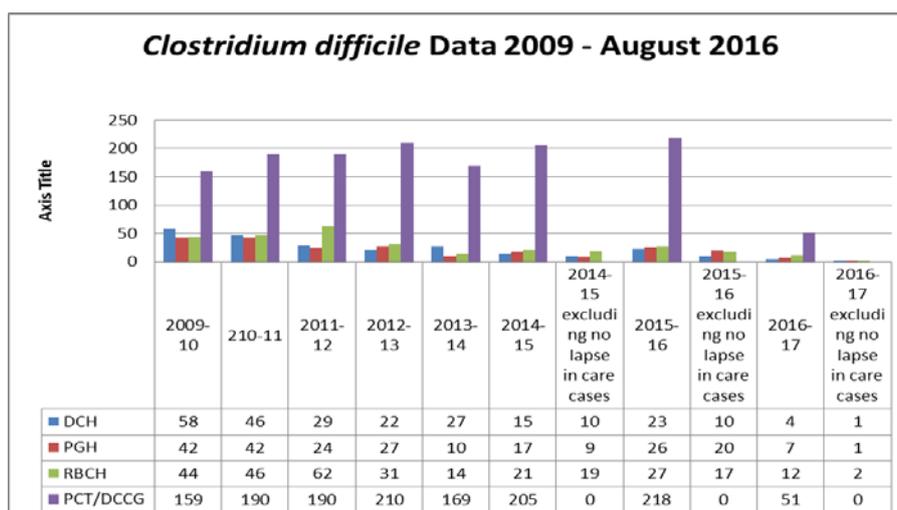
- 10.1 Surveillance continues to be monitored within the Joint Trusts Review Group meetings.

### **MRSA Bacteraemia**

- 10.2 There has been one case of MRSA Bacteraemia since 1 April 2016 initially assigned to Dorset CCG as occurring within primary care. There have been no provider assigned cases this year to date.
- 10.3 Following investigation, the case was referred to the Regional Panel for arbitration. The case was reviewed and found unrelated to healthcare interventions and the case final assignment was to third party. This assignation reflects the agreement that there were no lapses of care in the healthcare received, and the bacteraemia could not have been prevented.

### **Clostridium Difficile**

- 10.4 The graph and table below demonstrates the continued low number of cases for Trusts and the community. '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.



10.5 Public Health England have confirmed an increase in measles across the South West since the end of May 2016. To date five cases have been reported Pan Dorset.

## 11. Continuing Healthcare

11.1 The current PUPOC target will be met by the NHS England deadline 30 September. The announcement of the next closedown is still awaited from NHS England, an update is hoped for on 9 September. The risk pool arrangement remains in place for cases where the decision is reached pertaining to the current PUPOC initiative, early indications are that any future closedown will be the responsibility of Dorset CCG as they will not relate to legacy cases.

11.2 Work has commenced with the three local authorities relating to the introduction of the NHS Standard contract for 2017/18, and the impact this will have on patient placements. Joint working with Dorset County Council on market engagement and management will begin October 2016.

11.3 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 Beachcroft Solicitors for final sign off. Once this has been done then the pilot will commence during Q2 2016/17.

## 12. Conclusion

12.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.

12.2 The majority of quality indicators show that quality of care is generally good.

12.3 However, some areas of concern have been identified which are being addressed appropriately. The main areas of concern are 111 services, DCHFT, mortality rates, Marie Stopes International, variation across Primary Care and the outcome of current and planned CQC visits.

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