

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

<b>Date of the meeting</b>	19/03/2014
<b>Author</b>	S Shead, Deputy Director of Nursing V Read, Head of Quality Improvement M Wain, Head of Patient Safety and Risk J Green, Head of Corporate Governance
<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	The report gives an overview of the current issues within the quality directorate including: <ul style="list-style-type: none"> <li>• Quality Monitoring of NHS Providers</li> <li>• Safeguarding Adults</li> <li>• Safeguarding Children</li> <li>• Care Home Monitoring</li> <li>• Medicines Management</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 members sit on the Quality Group to represent the CCG population.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</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	✓		✓

Initials: SS

## 1. Introduction

- 1.1 This report provides information and assurance on the quality of services provided within Acute, Community, Mental Health Services and Care Homes that are commissioned by NHS Dorset Clinical Commissioning Group.
- 1.2 Specific quality matters relating to detail arising from, or comprised in this report, are considered in more detail at the Quality Group which reports to the CCG's Audit and Quality Committee.
- 1.3 Each provider submits a scorecard which includes their performance against the main indicators for quality, which have been included within the main provider contracts, and are based on National Guidance and Best Practice.
- 1.4 In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements.
- 1.5 As part of this process, unannounced visits are undertaken to provider organisations on a planned programme basis throughout the year, as well as in response to any alert of a concern in a specific area. In addition, regular one to one meetings are held between the Director of Quality and the provider Directors of Nursing. Medical Directors are now also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through either the Customer Care, Safeguarding Adults and Children, Risk Management, Medicines Management or Care Home Teams is collated and stored in the Ulysses Safeguard system. This allows for triangulation of the information, which the Quality Sharing Information Group (QSIG) examines regularly.
- 1.7 An important part of the team's function is to ensure that lessons are learnt and that professional practise and processes are improved after identifying concerns or that the care provided falls below the high standard expected.

## 2. Provider Contractual Performance

### **Dorset County Hospital NHS Foundation Trust (DCHFT)**

- 2.1 The last CQC report was published in October 2013. The Trust has produced an action plan that has been accepted by the CQC and Monitor. A number of queries were raised by the CCG in relation to the action plan and a response has been received by the Director of Nursing providing further assurance. The action plans have been updated and will be submitted the Quality Monitoring Meeting at the end of February.
- 2.2 Year to date the Trust has reported one MRSA bacteraemia and 18 C-diff against an annual trajectory of no more than 18 (December 2013). The Trust is putting forward two of these cases as non-trajectory (unavoidable) cases.

These have been reviewed by the Post Infection Review Group which is chaired by a microbiologist. The CCG is still at risk of not achieving the quality premium in this area (although performance of other providers remains good which may bring the CCG total under trajectory at year end if this is sustained). A contract query was issued in October and the Trust has produced an action plan to minimise the number of further cases. Evidence has been provided by the Trust to Monitor justifying why the Trust believes it should not be put into special measures and the outcome is awaited.

- 2.3 In relation to the friends and Family Test, the Trust implemented a new texting service in September and the latest available data demonstrates that response rates have improved significantly to above 20% (combined for inpatient and A&E)
- 2.4 Following the recommendations from the Francis report the CCG liaised with all providers with the view of carrying out real time reviews of a sample of complaints. To date all providers have engaged with the process with the exception of DCHFT who are citing patient confidentiality as an issue. There are ongoing discussions between the CCG Director of Quality and Director of Nursing to progress this issue.

### **Dorset HealthCare University NHS Foundation Trust (DHUFT)**

- 2.5 There are still a number of CQC non-compliant areas with moderate impact at Forston Clinic Waterston Unit and at Bridport Hospital and follow- up visits by the CQC are expected.
- 2.6 Monitor's conditions remain on the Trust and are monitoring them closely. A new Chair has been appointed and the Chief Executive will be appointed in March. 4 new Non-Executive Directors have been appointed to the Board.
- 2.7 Some adverse patient/carer feedback has been received in relation to the Crisis response service in both the East and West of the County. This issue has been raised through the contract meetings and work is being undertaken to 'deep dive' into these services to establish whether sufficient resource is available and what key actions need to be taken for improvements to be made. An external review of Urgent Care Mental Health services in the West is being commissioned.
- 2.8 There have been a number of concerns raised by GPs about the staffing levels and changes in working practice within the district nursing teams. In addition, some adverse incidents and safeguarding alerts have raised concerns about this service as well. This has been raised at the contract review meeting, when the director of Community Services gave assurances about recruitment being undertaken to vacancies and cover for absences in the meantime. The CCG is working closely with the Trust on the increased investment being provided for district nursing, to ensure that required outcomes are achieved as a result of this investment.

- 2.9 The Trust has provided a full response to the family of the people involved in the mental health homicide in 2010. The Action Plan to implement the recommendations of the report is being closely monitored and will be reported to each CCG Quality Group and Audit and Quality Committee for scrutiny.
- 2.10 The Trust has introduced the Friends and Family Test across all units. The response rate and scores for inpatients has been very good
- 2.11 An unannounced visit has taken place during the last month to Melstock Ward, Forston Clinic. Positive feedback from patients was received. There were some environmental issues that the Trust have been asked to address and the team were unable to view any patient records because the staff were concerned about breaching data protection requirements. Information Governance leads from the two organisations have now agreed the process for this in future.

### **Poole Hospital NHS Foundation Trust (PHFT)**

- 2.12 Following the performance notice issued by the CCG in 2013 the Safeguarding Children training compliance figures are improving in line with trajectory.
- 2.13 A total of three Never Events have been reported this financial year. Two events have been investigated and closed. The third incident involves wrong site surgery which is subject to police investigation. Although the incidents reported do not have common themes there is a general issue regarding checking processes for procedures that will be picked up through monitoring visits.
- 2.14 The Trust reported one MRSA Bacteraemia in October, with a further Bacteraemia reported in January which has been investigated. There are a number of improvement actions to be taken with regards this case that relate to one ward area.
- 2.15 The CQC issued a maternity outlier alert to the Trust on 14 February 2014. The analysis of maternity indicators has identified significantly high rates of elective caesarean sections at the hospital. The CQC have issued specific guidance for the Trust to undertake a case review and submit the findings by 14 March 2014. The alert will be reported as an elevated risk as part of the CQC intelligence monitoring publication in March. The issue will be monitored by the CCG through the contract monitoring meetings
- 2.16 Appointments have been made to all Executive vacancies; the Chief Executive and Director of Nursing will start in post at the beginning of April. Interim arrangements are in place.

### **Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)**

- 2.17 The Trust has submitted their action plan to CQC following their inspection. The CQC will conduct a follow up inspection within three months of receipt of the action plan. The Trust has sent the CQC action plan to the CCG. The Trust has also submitted to CCG the detailed local action plans.
- 2.18 In relation to the Information Governance Toolkit, the Trust attained an overall score of 76% overall in IG Toolkit, however was graded as “Not Satisfactory”. The Trust has now confirmed that they will amend the coding methodology in future which will ultimately improve the IG toolkit rating.
- 2.19 The Trust has reported two Never Events in Quarter 3. Both events related to checking procedures not being followed. This issue regarding checking processes for procedures will be picked up through monitoring visits.
- 2.20 The Trust responded to the mortality outlier alert in relation to chronic renal failure in November 2013. The formal CQC response was sent on 11 February. The CQC acknowledge that the Trust case management review found no evidence of substandard care. The CQC have emphasised the requirement for patients to be coded according to primary diagnosis and not from the discharge summary or death certificate. This coding issue will be raised at the next contract meeting. The CQC concluded that they do not need to undertake further enquiries and the alert will not be reported as an elevated risk in the next publication of the CQC Intelligence Monitoring report.
- 2.21 The Trust’s remains non-compliant with VTE risk assessment target at 94.32% just below expected target of 95% for 2013/14. Improvement plans are in place.
- 2.22 The number of hospital acquired pressure ulcers of grade 3 or 4 has increased. There were a high number of pressure ulcers on one ward area which has resulted in a change of ward leader and local improvement plan. The changes proposed to this ward were seen on the unannounced visit on 3 February.
- 2.23 An unannounced visit on 3 February found a number of actions from the CQC inspection were now in place, including nurse staffing templates and appropriate numbers of staff on duty. There were some areas requiring improvement identified at the visit including flooring that needs replacing in AMU and choice of food. The patients spoken to during the visit were pleased with the standard of care they were receiving.

### **Salisbury Hospital NHS Foundation Trust (SFT)**

- 2.24 The Trust is currently reporting 13 cases of C-diff against an annual trajectory of no more than 16. The Trust has reported two cases of MRSA bacteraemia which were both contaminant samples.
- 2.25 In December there was a 50% increase in the number of Grade 2 Pressure Ulcers reported when compared with November. The Trust has not identified

any themes or trends. The Trust is continuing to monitor themes and trends via their pressure ulcer working group. The Trust have reported no grade 3 or 4 pressure ulcers during November or December.

- 2.26 The reported Hospital Standardised Mortality Ratio (HSMR) is above expected at 113 for October 2013, The Trust has a robust action plan to bring the ratio back within expected range. They have implemented weekly mortality meetings led by the Medical Director. These involve two senior consultants, Junior doctors and coders who review all hospital deaths. Any learning from these reviews is disseminated to all teams. The published HSMR is also impacted by case mix coding and there have been issues identified where palliative care has not been coded correctly. This data has been re-submitted and should positively impact on the next published data. SHMI remains within expected range.
- 2.27 The latest data published in relation to Friends and Family Test demonstrates that the net promoter score remains good and the response rate has increased to 32.7% which is well above the national average.
- 2.28 There was significant improvement in the percentage of fractured neck of femurs operated on within 36 hours in December with the Trust achieving 100% (following a dip to 63% in November). SFT is carrying out a project to increase theatre capacity in order to maintain performance.

#### **Yeovil District Hospital NHS Foundation Trust (YDH)**

- 2.29 Somerset CCG has received a paper from the expert panel carrying out the review of stroke services. The recommendation is for the hyper acute service to be placed at Musgrove Park Hospital. The next stage is public consultation; however YHFT has published an open letter expressing concerns regarding a single centre providing emergency treatment. This would have a detrimental effect on North Dorset patients having to travel further to receive urgent and emergency stroke services and could put extra pressure on SFT and DCH if patients were directed to these Trusts rather than those in Musgrove Park. Currently Dorset represents approximately 1/3 of stroke activity at YHFT.
- 2.30 TIA performance has improved with 80% meeting the target of high risk patients receiving treatment within 24 hours.
- 2.31 The Trust has only achieved 61.2% compliance with nutritional screening compliance during quarter three. The Trust presented a detailed action plan to the Clinical Quality Review Meeting in February which focuses on audit, education and development and protected meal times. The actions will continue to be monitored via the quality monitoring meetings.
- 2.32 Patients with dementia are recognised to be at high risk of falling with 9 incidents reported in October, with a year to date total of 119. This figure is significantly lower than this time last year when 246 patients with dementia were reported as fallers. The Trust is making progress in elements of the dementia CQUIN. In Quarter 2, 53.87% of emergency patients older than 75

years were reported as having a known diagnosis of dementia or clinical diagnosis of delirium, or were asked the dementia case finding question. This is a significant improvement on quarter one; however there is still some way to go towards the target of 90%.

- 2.33 In relation to Friends and Family test the Trust had a fair overall response rate compared with other local acute trusts in the latest published data. When compared with the national average the scores for ED are above the national average, however the score from inpatient areas is below the national average.

### **South Western Ambulance Services NHS Foundation Trust (SWASFT)**

- 2.34 In relation to the Dorset Out of Hours service, Dorset had 9114 cases in December a significant increase on December. GP shift cover for December was good at 96% - year to date is 92%. Clinical assessment (triage/telephone) for urgent calls in 20 minutes was partially compliant at 92.55% for December and has improved to 92.55% for the year to date. Urgent Clinical assessment (triage/telephone) for calls in 60 minutes was compliant at 95.82% for the month and 95.80% for the year to date. Urgent consultations started within 2 hours (home visits) was non-compliant at 89.13% for December and has improved slightly to 85.82% for the year to date.
- 2.35 In relation to the Dorset 111 service the percentage of calls answered in 60 seconds in December was compliant at 95.55%. Year to date is currently partially compliant at 90.54% but the year to date figure continues to improve. The service received 22042 calls in December a significant increase over previous months.
- 2.36 In December the per cent of calls abandoned was compliant at 0.46%. Year to date is compliant at 2.57% (target of no more than 5%).
- 2.37 In December the percentage of emergency calls passed to 999 ambulance control in 3 minutes 82.51% which is non-compliant and the year to date to is 85.74%. The service concentrates on providing clinician input when a 999 disposition is reached by a call advisor, which is why some calls extend beyond the 3 minute time frame. However, this results in reduced unnecessary 999 callouts. For the month the per cent of patient call backs within 10 minutes was 41.40% bringing the year to date to 47.74%. This is non-compliant and SWASFT are working on plans to address this through service modelling.

## **3. Care Homes**

- 3.1 The Care Home Team continues to quality assure and support care homes in meeting their contractual requirements. There is evidence that this supportive input is enabling homes to improve more quickly and consequently the length of time a contractual caution is in place is reducing.

- 3.2 The market continues to be challenged particularly in recruiting trained nurses and one provider has now decided due to deregister as a nursing home and to continue to provide residential care services only. Plans are in place to assess the 16 residents to determine where they may need to be moved to in order to meet their needs.
- 3.3 Joint working continues with an out of area LA regarding a provider in which the CCG is funding 7 individuals. The police investigation is proceeding and the CCG is currently in the process of moving funded individuals out of the home.
- 3.4 The care homes quality team webpage which provides an accessible information resource for all care homes is now live.
- 3.5 Joint monitoring of Learning Disability providers has commenced with Poole Borough council. Two providers have been visited which have raised queries about individual monitoring of CHC funded LD placements as well as the role of the Community Learning Disability Team nurses in meeting the health needs of people with LD. A joint Quality/CHC/LD commissioners meeting is being arranged to understand how these services are commissioned and the expectation of the CCG of these providers.

## **4. Safeguarding Adults**

- 4.1 Across Dorset, Bournemouth and Poole in January there were a total of nine 'Pathway 4' large scale investigations open within care homes and domiciliary care providers.
- 4.2 Since the last report there have been four new pathway 4 investigations, six have closed and two are in the process of being closed.
- 4.3 The pathway 4 relating to Poole Hospital was closed in January with positive changes made and a quarterly safeguarding meeting established.
- 4.4 Six of the current pathway 4 investigations are being led by Poole Borough Council, five of these relate to nursing homes and one domiciliary care provider. Two investigations in residential homes are in the process of being closed to pathway 4.
- 4.5 There is one pathway 4 investigation being led by Bournemouth Borough Council, regarding a nursing home.
- 4.6 The general themes in these investigations in the care homes remain and relate to poor clinical leadership, Pressure Area Care, nutrition, documentation / record keeping and medicines management, best interest decision making and Mental Capacity Act. Intelligence in relation to these homes is shared with the quality assurance care home monitoring team.
- 4.7 There are no pathway 4 investigations in Dorset County Council.

- 4.8 The monthly multiagency meetings regarding Chalbury Ward (DHUFT) continue with positive outcomes. The purpose of this meeting is to discuss low level alerts, review root cause analysis of events, and management plans that are in place for individuals. This plan has been agreed in collaboration with CQC. There will be a large scale multi-agency review meeting for Chalbury in March 2014.
- 4.9 Dorset County Council is leading two service improvement meetings around two learning disability establishments to ensure learning from recent safeguarding investigations is actioned. One of these establishments has had a number of recent alerts and these are being managed via the safeguarding process with feedback into the monthly service improvement meeting.
- 4.10 The chronology for a serious case audit has been completed and will be presented to a multi-agency learning event on the 5<sup>th</sup> March 2014.
- 4.11 Interagency work continues to be strengthened across all local authorities and the links with safeguarding leads in the main providers is undertaken on a monthly basis, both on a group and individual basis.

## **5. Children's Safeguarding**

- 5.1 Development days have taken place for both Local Safeguarding Children Boards. Consideration is being given to merge some of the Board sub groups. All sub groups of the LSCB have health representation ensuring fulfillment of the CCG and provider statutory roles.
- 5.2 The Serious Case Review relating to the death of a young person from an overdose of un-prescribed medication was due for sign off by the LSCB in February. The time line for this has slipped slightly and is now not due for completion until the end of February. The main theme for health is the identification of vulnerable adolescents and the implementation of risk assessment by all health workers; Main area of concern for GP's is the prescription of anti -depressants to children/young adolescents and prescribing outside of national set guidelines. Another area of required action relates to school nursing services maintaining links with school age children who are not in education. This SCR will be published once signed off by the Board.
- 5.3 A new case is being considered for serious case review. This relates to a baby who died in Dorset hospital but is a resident of Somerset, so Dorset may not lead on this case. The baby received most care from Dorset providers but the GP is in Somerset. The health records have very good documentation of safe sleeping advice given on more than four occasions and concerns were shared with social care on more than one occasion.

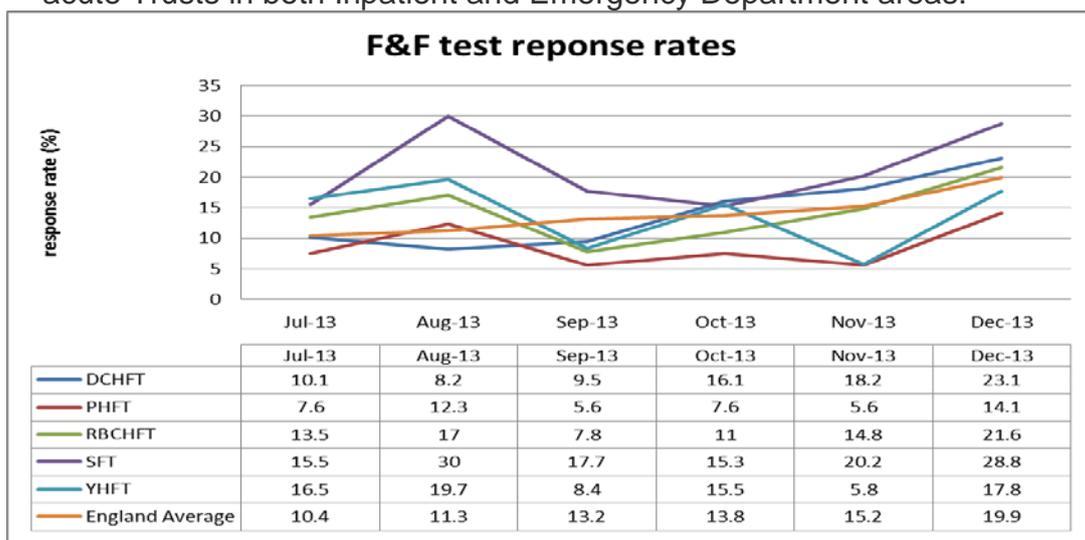
- 5.4 A LSCB case audit will take place in March to look at the pathway for young people accessing any health or social care service; this is led by the LSCB and is pan Dorset.
- 5.5 The training requirement for fabricated or induced illness by carers will be led by the LSCB and supported by the designated professionals. Dates for the training have yet to be set. Two recent cases of fabricated illness have required Designated Professional oversight - both have led to child protection, one resulted in removal of the children.
- 5.6 A meeting took place with Moya Sutton, Head of Safeguarding NHS England to explore setting up a project in relation to the abuse of alcohol, this would share the work completed locally. SWAST completed an audit which highlighted a high proportion of their activity each week is drink related. A pathway of care has been developed to highlight all cases where children are present to ensure they are safeguarded and the same for vulnerable adults.
- 5.7 Work continues to determine training needs for GPs and CCG staff. This is now being supported by the new GP leads for safeguarding children who both work a session a week.
- 5.8 Additional dates for Board members training at level 2 need to be set; this remains an outstanding action and a CQC/Section11 requirement. This is being followed up by the Designated Nurse.
- 5.9 Dates have been set for peer support and supervision for GPs and practice staff to take place during February, March and April. The main aim is to share learning from a recent domestic homicide review. The event is supported by the LMC and the deanery. Uptake is slow at present with low numbers being booked, a request to locality leads has been sent to try and improve uptake.
- 5.10 The Children's and Maternity Clinical Commissioning Programme have supported the additional resources to appoint a Looked after Children Designated nurse. This is a part time role and is a statutory requirement for the CCG to have this post in place.
- 5.11 Children on short term placements in language schools are potential at risk as host families have not had medical assessments. There is a pilot in progress at present to address this, with the expectation this will become a pan Dorset approach. Students at language school, who present to Emergency Departments un-supervised and deemed to have safeguarding concerns, are being monitored, with a joint work plan being developed to share attendance information with private fostering who hold responsibility for these children.
- 5.12 A meeting has been set up to discuss the development of a MASH (multi-agency sharing hub system).
- 5.13 A peer review is taking place in SWAST on 11 February. The Designated Nurse has been asked to support the review process in relation to Safeguarding.

## 6. Friends and Family Test

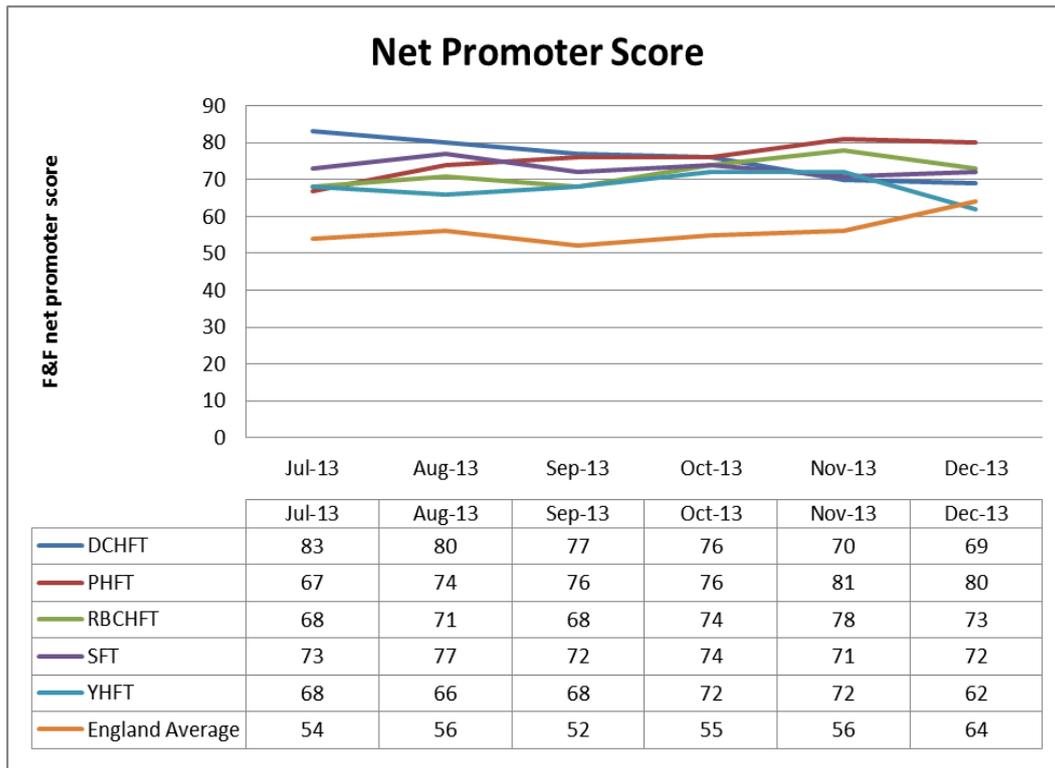
6.1 Since 30 July 2013 the NHS has been publishing the Friends and Family data for Acute Inpatient and Emergency Departments. As part of the national CQUIN scheme for this financial year Trusts have had to work to improve the overall response rate (Inpatient and Emergency Department combined) to over 15% by end of Q2 and 20% by then end of Q4.

6.2 The overall Trust score which has been widely publicised in the media relates to a net promoter weighted question. The net promoter score is calculated by counting only “extremely likely” as a positive confirmation, taking away points for both “unlikely” and “extremely unlikely” responses. Other responses are counted as neutral and thus attract no weighting.

6.3 Response rates have varied from provider to provider and from ward to ward. The biggest area of difficulty in obtaining sufficient responses is in Emergency Departments. Trusts have been trying new initiatives to improve this such as text services. The chart below demonstrates the response rates for local acute Trusts in both Inpatient and Emergency Department areas.



6.4 The chart below summarises the net promoter score Inpatient and Emergency Departments of local acute Trusts.



## 7. Information Governance

### Information Governance Internal Accountability/Responsibility

- 7.1 The Information Governance Group (IGG) has met on a bi-monthly basis during 2013. This group is chaired by the Senior Information Risk Officer (SIRO) and is attended by the Caldicott Guardian, Head of Corporate Governance, the Senior Audit Manager and representatives from each directorate. The group has overseen the work plan, for the CCG during 2013, in relation to the IGT, and the development and approval of core IG framework policies and procedures.

### Information Governance Toolkit

- 7.2 There is no submission of the IGT required in March 2014. It was submitted in October 2013 as required by the Accredited Safe Haven process. The next submission will be prior to the end of March 2015. Version 12 of the IGT will be released prior to this date. The Corporate Governance Team have put in place a work plan for IG requirements, in particular the Asset Register, Data Mapping, Corporate Records Audit, Business Continuity Plans, and Contracts. This plan is a standing item on the Information Governance Group agenda and will be updated to reflect any changes in the release of version 12 of the IGT.

### IG Training

- 7.3 A number of training sessions have taken place; however, there are still 44 staff outstanding. A number of these are IT Staff who have transferred to Dorset CCG from DHUFT. There are two training sessions planned in March

and a date for specific IT training is in process. It is planned that 100% compliance for the training will be achieved by the end of March 2014.

#### **Information Governance Training for Temporary, Contracted, Bank, Agency Staff**

- 7.4 If the CCG employs any person on a temporary basis, i.e. contractors, bank, agency and temporary staff, they must undergo face to face IG training within the first week of their employment, regardless of how short a time period they are to be employed. This is a requirement placed on the organisation under the Data Protection Act 1998. Failure to do so can lead to the CCG being fined if a temporary member of staff mishandles information and breaches confidentiality.
- 7.5 The Information Commissioner's Office (ICO) is warning employers about the importance of making sure temporary staff – who have access to and/or handle personal information - receive adequate data protection training. Full news release available at [http://www.ico.org.uk/news/latest\\_news/2013/Temporary-workers-still-require-adequate-data-protection-training](http://www.ico.org.uk/news/latest_news/2013/Temporary-workers-still-require-adequate-data-protection-training)
- 7.6 Arrangements have been made by the Corporate Governance Team to facilitate this training.
- 7.7 All permanently employed staff are also required to undergo the face to face IG training within the first week of their employment.

#### **Risk stratification**

- 7.8 NHS England made an application to the Confidentiality Advisory Group (CAG) under s251 on behalf of GPs, as data controllers, in relation to the use of risk stratification. This was granted and allows GPs, supported by CCGs, to target specific patient groups and enable clinicians with the duty of care for the patient to offer appropriate interventions.
- 7.9 NHS England is now seeking assurance from CCGs, and their risk stratification suppliers, that the processing of the data complies with the DPA.
- 7.10 The requirements of the assurance statement, and checklist, are very extensive and will require a considerable amount of work to be undertaken by the CCG.
- 7.11 The project group for Risk Stratification is to decide the way forward.

#### **Invoice validation**

- 7.12 A small working group has been set up to implement the requirements of invoice validation. They have identified four key actions:
1. Preparation of a project specification & plan;

2. Process mapping of current procedure;
3. Preparation of a suitable communication plan for providers;
4. Consideration of the design for a suitable and separated data environment and architecture.

This working group will report to the Information Governance Group.

#### **Revised NHS Standard Contract 2014/15**

- 7.13 The 2014/15 NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. It now contains robust IG requirements.
- 7.14 Appendix 6 of The Information Governance Review highlights areas commissioners should consider within the wider procurement and contracting process in relation to managing access to personal confidential data.

#### **Information Governance Training for GP Practices**

- 7.15 The Corporate Governance Team continue to support GP Practices in the area of Information Governance, including the provision of training, as requested.

#### **Processing Patient Data Overseas**

- 7.16 In 2012 it was agreed to change the policy set by NHS Connecting for Health that prohibited any processing of patient data overseas. Responsibility was then given to individual NHS organisations to make a judgement, on a risk-assessed basis.
- 7.17 As with any other disclosure, organisations will need to first assure themselves in two areas:
- The legal basis for the disclosure, either through statute or patient consent;
  - whether the use of personal or confidential data is necessary for the purpose.
- 7.18 In addition, organisations must ensure they consider Data Protection Requirements in relation to countries outside the European Economic Area (EEA) and risk assess the particular circumstances of the disclosure and use of the data in question.
- 7.19 Even if the above criteria are met, NHS England has given an undertaking to the Confidentiality Advisory Group (CAG) that data processed under Section 251 will be retained in the UK. This is the case regardless of whether the data processor is an NHS organisation or a third party provider. Permission to process information used under s251 regulations would therefore need to be obtained from the CAG.

For information under Section 251 this means anywhere outside of England and Wales:

Scotland and Northern Ireland

Generally this would be acceptable, provided there is an English sponsor and oversight;

European Economic Area and other countries recognised by the European Commission as having an equivalent protection regime for data

As with Scotland and Northern Ireland, an appropriate sponsor would be needed and work undertaken to minimise the use of identifiable data;

Rest of the World

Would need to be risk assessed and assurance obtained in relation to the Data Protection Act Principle 8 requirements. In general, it is likely that – even if the CAG found the proposed processing to be acceptable – the degree of oversight required would outweigh any cost saving benefit.

## 8. Customer Care

8.1 The Customer Care Team are continuing the review of the complaints handling process. The paper outlining the proposals for improvement of the service was approved at the Director's meeting in December. A bespoke in-house training programme is currently being planned. This will include training for managers who will be involved in providing a response to complainants.

8.2 During Quarter 3 to date, the Customer Care Team received 75 complaints, of which 28 relate to Continuing Health Care claims. The majority of these consist of complaints about the:

1. length of time being taken to process the retrospective claims;
2. the application has been incorrectly refused.

8.3 During Quarter 3 to date, 30 complaints were received relating to the new patient transport service provided by E-zec which commenced on 1 October 2013. These have been passed to the Complaints Co-ordinator at E-zec to provide a response. All complaints are being individually addressed by E-zec and the CCG is working closely with the provider to improve the service. The number of contacts from patients unhappy with the service has declined during January and February.

8.4 Other complaints received relate to services commissioned by Dorset CCG and have been passed to the provider organisations to provide a response; a copy of which has been requested in each case.

### **Deep Dive by the Professional Practice Lead**

8.5 Quarter 3 deep dive complaints reviews are in progress. The review at Poole hospital included a planned ward visit to assess learning from complaints. The overall response from a range of staff was positive. The review at Royal Bournemouth Hospital demonstrated improvements in the acknowledgement letters, response times and investigation process since the initial visit. The

review planned at Dorset Healthcare in early March will include attendance at the internal complaints review panel where the handling, response and sharing of learning is discussed.

- 8.6 The complaints deep dive at Dorset County Hospital has not yet taken place due to concerns regarding the terms of the review and confidentiality.
- 8.7 Dorset County Hospital is the only provider not to share copies of responses to complaints, forwarded to them by Dorset CCG, in quarter 1 and 2. This is being dealt with at Director level. A progress update was requested which indicated 4 of the 7 complaints had been reopened and a second response sent.

## **9. Medicines Optimisation**

### **Primary Care Prescribing**

- 9.1 Second visits to overspent practices are underway, and practices with significant generic savings have been sent letters to advise potential savings. Costed savings plans are being drawn up for practices with significant overspends. Where issues are identified they will be raised with the locality prescribing leads to discuss onward action.
- 9.2 The most recent forecast for prescribing outturn suggests an underspend nearer to 1.6 million (previous forecast was for over £2m), due to national changes since October 2013. It is expected that there will be significant cost pressures in the centrally resourced items section for the budget. This is due to anomalies across the UK with non-medical prescribing spend that is unable to be allocated to a cost centre following changes brought in from April 2013.
- 9.3 Dorset CCG implemented the necessary changes in April but it appears that many CCGs did not. In addition, despite correct implementation during April and May in Dorset, a number of prescriptions are being returned due to anomalies at practice level with prescribing systems.
- 9.4 These have now been resolved in Dorset, but will have been issued through December and January. This may delay the planned repatriation to DHUFT of prescribing responsibility for community nurses. In addition, as NHS England has not cascaded this information to the medicines leads in CCG, not all CCGs will be as prompt as Dorset, and hence the centrally resourced fund may be a pressure for some time.

### **Commissioning Support and Pharmaceutical Advice**

- 9.5 The medicines team is presently advising a Virtual Ward pilot in the Christchurch and East Dorset area with suggestions for how pharmaceutical support can be provided to this patient cohort.
- 9.6 Work is underway to identify preferred blood glucose testing strips and monitoring equipment with an aim to save up to £500k.

- 9.7 The medicines team has provided horizon scanning information and financial forecasts to inform the long term planning for CCPs.
- 9.8 An electronic formulary provider has been identified and work is underway to procure and implement early in the next financial year.
- 9.9 The Medicines team has had verbal confirmation of funding to support input into an AHSN project to look at NICE implementation metrics, and work is underway to identify how this will be supported.
- 9.10 The medicines team continues to support a number of groups that support drug decision making for the CCG including the working groups of the Dorset Medicines Advisory Group, formulary working group and these will ensure that the CCG can meet the NICE requirements for appropriate decision making.
- 9.11 The Medicines Optimisation Group continues to be well supported by the prescribing locality leads and the next group is on March 6<sup>th</sup>. The agenda will include approval of policies, position statement on local clinical trials as well as reports on the practice prescribing progress against budget and quality measures.
- 9.12 Pharmaceutical needs assessment: this is due to be re-published in 2015, and is now the responsibility of the public health team in the local authority. A steering group is being arranged with CCG representatives. The medicines team will be a stakeholder on this group.

## 10. Conclusion

- 10.1 Key areas of concern remain around Dorset HealthCare's compliance with CQC Standards and Monitor's requirements, Royal Bournemouth's CQC report, Dorset County Hospital's rates of C Difficile and quality of care in some care homes.
- 10.2 The CCG quality team continues to work towards providing assurance to the Governing Body around the quality of care provided within Dorset and to improve quality in the future.

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