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NHS Dorset Clinical Commissioning Group Governing Body Quality Report

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| Date of the meeting | 17/07/2013 |
| Author | Sally Shead, Deputy Director of Quality |
| Sponsoring DCCGGB member | Suzanne Rastrick, Director of Quality |
| Purpose of report | To inform members of the provider performance against contractual quality indicators for residents in Dorset, Bournemouth and Poole and to inform members of the activities undertaken by the Quality Directorate in relation to Quality Assurance and Quality Improvement |
| Recommendation | The Governing Body is asked to Note the report. |
| Resource implications | None. |
| Link to strategic objectives | <ul style="list-style-type: none"> • Services designed around patients • Preventing ill health and inequalities • Sustainable healthcare services • Care closer to home |
| Risk assurance Impact on high level risks | This report informs some of the high level risks in the Risk Register and the current identified actions in the paper mitigate against these risks. |
| Privacy impact assessment | N/A |
| Outcome of equality impact assessment process | No issues identified |
| Actions to address impact | N/A |
| Legal implications | None. |
| Freedom of information | Unrestricted. |
| Public and patient involvement | Patient experience information included within the report. |
| Current status | AMBER |
| Trend |  |
| Reason for inclusion in Part 2 | N/A |

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 through the CCG's Audit and Quality Committee.
- 1.3 The Appendices outline 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. The providers are given 30 minute's notice of the quality team arriving and the visits are conducted broadly following the PLACE (Patient-led assessment of the care environment) criteria. Additionally, patients and carers are asked a set of questions, discussions take place with staff and care records are reviewed.
- 1.6 Verbal feedback is given to the staff during the visit, and this is followed up with a letter to the Director of Nursing outlining the key issues identified during the visit.
- 1.7 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.
- 1.8 A key recommendation from the Robert Francis QC's Inquiry into Mid Staffordshire NHS foundation Trust was that commissioners should be more closely involved with complaints about providers. This is currently an area of work which the team is planning to develop over the coming year.
- 1.9 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 we expect.

2. Provider Contractual Performance

Dorset County Hospital NHS Foundation Trust (DCHFT)

- 2.1 The Trust has reported on the first month of Friends and Family Test and is reporting 19.5% returns for inpatients and, as with other areas, is struggling with the return rate in the Emergency Department which was at 2% for April. Local data collection in relation to experience continues with 100% of patients reporting that they were treated with dignity and respect and 100% of patients reporting that they would recommend the hospital to a friend or family member.
- 2.2 The Trust have reported 5 cases of C-diff to date which places the Trust at risk of not meeting their annual trajectory of 18. If the annual target is breached at year end this will impact on the CCGs ability to meet the requirements of the Quality Premium.
- 2.3 There are current concerns around the safeguarding children's team capacity due to long-term sickness in the team. The Trust has provided assurance that the situation will be resolved by the end of June. Current compliance rate with training is 48% against a target of 80% and a request has been made for a more detailed breakdown in future reports by level of training and staff group.
- 2.4 In the latest report the Trust did not provide the training figures in relation to adult safeguarding and this has been raised with them.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

- 2.5 The Trust has received two Warning Notices from the CQC for Blandford Community Hospital relating to Outcome 4 (care and welfare of people who use services) and outcome 13 (staffing). A recent follow up visit was undertaken to Tarrant Ward and the compliance status has been changed from Major Impact to Moderate Impact. The Warning Notices are still in place and the Trust has submitted a further Action Plan which is to be approved by its Board.
- 2.6 The Betty Highwood Unit has moved to Chalbury Ward temporarily, until recruitment has taken place.
- 2.7 Waterston Assessment Unit was re-opened at the end of April 2013 following a period of refurbishment. An unannounced visit was undertaken during May and some improvements noted. However, some outstanding issues remain which are being addressed by DHUFT. The CQC have undertaken a recent visit and feedback is awaited from that inspection.
- 2.8 At the end of April the CQC carried out a focused inspection on compliance with Outcome 16- Assessing and Monitoring the Quality of Service Provision. Eight additional visits to various areas were also carried out during April 2013. The initial report, which has not yet been published, indicates there is non-compliance of Outcome 16, with Moderate impact.

- 2.9 A clinical support team has been set up to work with mental health wards to assess current working practices and support changes as required. Recurring themes in mental health services have been identified as care planning-involving service users, out of date risk assessments, capacity and consent and safeguarding training for agency and student nurses. These are all being addressed.
- 2.10 Monitor has requested that the Trust is subject to an independent review of Board Governance. Deloitte are carrying out this review and the results are awaited.
- 2.11 A Serious Incident was reported at Poole Hospital whereby a patient was in the Emergency Department for over 12 hours awaiting a Psychiatric Intensive Care bed. A meeting has been held between commissioners, Dorset Healthcare and Poole Hospital to ensure that actions are in place to prevent this happening again. The 12 hour breach has been reported to the Department of Health.

Poole Hospital NHS Foundation Trust (PHFT)

- 2.12 There are concerns regarding the percentage of staff trained at Safeguarding Children Level 1, 2 and 3. The Trust have been asked to submit a detailed action plan before the next contract meeting on 27 June on how they plan to improve training compliance rates.
- 2.13 An unannounced CQC visit was conducted over three days in May, initial verbal feedback did not highlight any major concerns but the formal report is awaited.
- 2.14 The Never Event relating to misidentification of a baby which led to an unnecessary procedure being carried out has been investigated. There are five key actions that have arisen from the root cause analysis which includes strengthening pre procedure checklists and considering the introduction of written consent for this procedure. There have been two further serious incidents reported relating to the neonatal unit over the last few weeks. Members of the CCG Quality and Review Design and Delivery Directorates conducted an unannounced visit to the unit on 20 June 2013. The visit identified gaps in the risk assessments for high risk injectable medicines and the incident reporting process. Assurance evidence has been requested regarding the risk assessment process and a joint review is to be conducted regarding the risk reporting process. The Area Team have been kept informed of this matter as neonatal services fall under the responsibility of specialist commissioning. A contract query letter has been raised from the Area Team to Poole regarding this matter.
- 2.15 The Trust reported two cases of C Difficile in April 2013 which is above the monthly trajectory (annual trajectory of 19 cases). There were no reported cases during May.

- 2.16 Information has been uploaded for the Friends and Family as requested via Unify in May 2013. The Trust is reporting 18.5% return for the wards and 3% return for the Emergency Department.
- 2.17 The Trust's current position for VTE risk assessment compliance during April 2013 stood at 94% just below expected target for 2013/14. During May the Trust has reported 95.4% and is therefore meeting the expected target

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCHFT)

- 2.18 The Trust is reporting 78% in April 2013 for staff trained in Safeguarding Children to Level 1 and 80% in May 2013. Training in Level 2 is 71% and Level 3 86.8%. This training is undertaken by the clinical workforce. The Trust is in the process of developing a Trust Supervision Safeguarding Policy for all clinical staff.
- 2.19 Information was uploaded for Friends and Family test as requested via Unify in May 2013. The Trust is reporting 32.4% % return for the wards and 7.7% return for the Emergency Department. The return for Bournemouth Hospital is notably higher than other providers which they attribute to the use of volunteers.
- 2.20 The Trust's current position completing VTE risk assessments for May stands at 92.2% just below expected target of 95% compliance as specified in the 2013/14 contract.
- 2.21 A staff member from the CCG Quality Directorate and staff member from Review, Design and Delivery Directorate conducted an unannounced visit on 11 June 2013. The visit again highlighted concerns regarding the use of an additional bed in some six bedded bays. The Trust is conducting a risk assessment and the CCG has requested a copy of this when it is completed. Concerns were also raised regarding the patient journey through the emergency pathway; this is being reviewed by the Deputy Director of Review, Design and Delivery. The rate of in hospital deaths was raised by the Trust Chief Executive as Bournemouth Hospital has the highest proportion of hospital deaths reported in the SHMI data collection. The CCG is proposing to work with the Trust to explore the data to identify the causes for this higher than average performance.

Salisbury Hospital NHS Foundation Trust (SFT)

- 2.22 During Quarter four the Trust reported three grade three or four pressure ulcers which represents an increase of two over the previous quarter. It is worth noting that the number of grade two pressure ulcers acquired in care has reduced and the general trend over the last twelve months has been positive.
- 2.23 By year end the Trust achieved its target for MRSA with three cases reported against a year-end target of no more than four. The Trust reported four cases

of C-diff during the quarter taking the end of year position to 25 cases against an annual target of 25. Given the year end position the Trust may struggle to achieve the reduction target for C-diff during 2013/14 (this will depend on the number of non-trajectory cases that will not be counted) and a zero tolerance to MRSA bacteraemia.

- 2.24 The Trust continues to perform better than their target in relation to patients spending 90% of their time on dedicated stroke unit with 98% reported for February 2013 against a target of more than 80%.

Yeovil District Hospital NHS Foundation Trust (YDH)

- 2.25 During Quarter four there were 86 reported falls within the Trust that resulted in injury to the patient. This figure represents a rate of 3.19 falls resulting in injury per 1000 occupied bed days. This represents a significant increase on the previous quarters reported falls resulting in injury to the patient of 59 (rate 2.29 per 1000 bed days).
- 2.26 The Trust reported a red RAG rating on their internal scorecard for January and February 2013 (March data not available) with 3.75% staff absence rate reported against a target of no more than 3.5%. Staff turnover is documented as 13% for quarter four which exceeds the maximum target (between 10-11.5%). Mandatory training and appraisal remains a concern, despite actions in place to address the issues and the latest data demonstrates no improvement.
- 2.27 During Quarter four there were 6 Grade 1 SIRIs declared by the Trust. During the last six months three SIRIs were closed on STEIS on completion of Root Cause Analyses (RCA) all of which were passed their due date. NHS Somerset presents quarterly performance reports relating to SIRIs to the YHFT Clinical Quality Review Group to address performance. As of the 25 April 2013 the Trust had eight SIRIs open in STEIS of which four were passed their due date.

South Western Ambulance Services NHS Foundation Trust (SWASFT)

- 2.28 The Trust received a visit from the Care Quality Commission between the 21 and 25 January 2013. The report was subsequently published in March 2013. The CQC visited both the east hub at St Leonards and the Trust headquarters in Exeter and reviewed five standards. The Trust was found to be meeting all the essential standards reviewed.
- 2.29 During the month of April 2013 the Trust delivered 10 of the 12 Quality Requirements for Urgent Care Services in Dorset and Somerset. Out of Hours activity for the 2012/13 year was up 7.46% on last year. Key highlights for out of hours performance in April 2013 are:

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- Telephone triage performance (QR9) has improved and is partially compliant at 90% for urgent & compliant at 95% for less urgent cases dealt with in time;
- Treatment Centre consultations (QR12a) – Urgent cases have improved at 87% seen in time although still non-compliant. Less urgent remains excellent at 98%;
- Home visits (QR12b) - Urgent home visits have fallen to 82.5% in time and less urgent has stayed at 91%;
- Out of Hours activity for April is showing a drop of 23% compared with last April. This is in part due to Easter falling in March this year, the easing of winter pressures, and the call activity being managed by 111.

2.30 With the launch of NHS111, there has been a large increase in call volumes which have been higher than predicted, particularly at weekends. There have been IT and training issues with Pathways dispositions generating a high number of urgent calls which, when triaged further, are non urgent cases. SWASFT are working with NHS Direct in Somerset, their own 111 staff and IT to resolve these issues.

2.31 To manage the increased call volume and the high numbers of urgent cases, SWASFT have recruited more staff to both call advisor and clinical supervisor posts. These staff are currently undergoing training. In OOH, the clinical supervisors are managing the calls to prioritise the most unwell and vulnerable patients. SWASFT are also dual-training the 111 and OOH clinicians so they are able to work across both service lines.

2.32 Regular clinical governance review of calls is undertaken by a GP and a member of the quality team.

Care Homes

2.33 NHS Dorset Clinical Commissioning Group holds a number of contracts with Care Home providers delivering nursing care to service users. In recognition of the need for ongoing robust monitoring of commissioned placements, the CCG has invested in increasing the Quality of Care Assurance Team. The team are working closely with the Local Authorities to develop the monitoring and reporting processes.

2.34 At present there is variance with the CCG's nursing specification across each local authority contract. This has been highlighted with the contracts team and it is intended that a standard CCG nursing specification will be developed to ensure that all Dorset CCG funded nursing placements receive equitable and consistent nursing care irrespective of location across the County. The CCG are also financially contributing to other care providers including domiciliary services, section 117 and out of county placements. A review is in progress to identify and risk assess all known providers using current intelligence.

3. Safeguarding

Adults

- 3.1 Verena Cooper has been appointed as the Adult Safeguarding Nurse Specialist since April 2013, to work across the whole of the CCG.
- 3.2 The Ulysses Safeguard system is used to capture all data relating to safeguarding adults, allowing for all alerts made known to the CCG to be entered and managed. The information that can be extrapolated from Ulysses by the following fields:
- Type of abuse;
 - Care setting abuse occurred;
 - Time between alert being raised and safeguarding investigation commencing;
 - Time between alert being raised and the CCG being informed;
 - The outcomes of the safeguarding process.
- 3.3 For the period 1 April 2013 to 31 May 2013 there have been a total of 57 alerts recorded across all providers. From 1 June 2013 – 27 June 2013 there were 24 Alerts across all providers
- 3.4 It has been recognised there are an increasing number of alerts arising from residential care homes, a large majority of these have a health element, and as Dorset CCG commission community services, the adult safeguarding nurse specialist has been overseeing the themes that are being presented
- 3.5 There are currently nine large scale investigations across the county, with general themes of staffing levels, poor clinical leadership, nutrition, falls, pressure area care, documentation, medicines management.

Significant Case reviews

- 3.6 One Serious Case Review has recently been concluded, with an action plan for all agencies to comply with, the final report was published on the Dorset County Council website. There are three case audits that are being completed and the reports and action plans will be published in due course.
- 3.7 Interagency work is increasing across all local authorities and the CCG. All local health leads for safeguarding are meeting on a regular basis to improve working relationships and safeguarding practice across the county. There is engagement with the Adult safeguarding boards and sub groups, on policy and procedure, quality assurance and education and workforce sub groups.

Children's Safeguarding

- 3.8 A supervision course was delivered to adult and child Named professionals during May 2013. The aim of the programme is to ensure these staff have the

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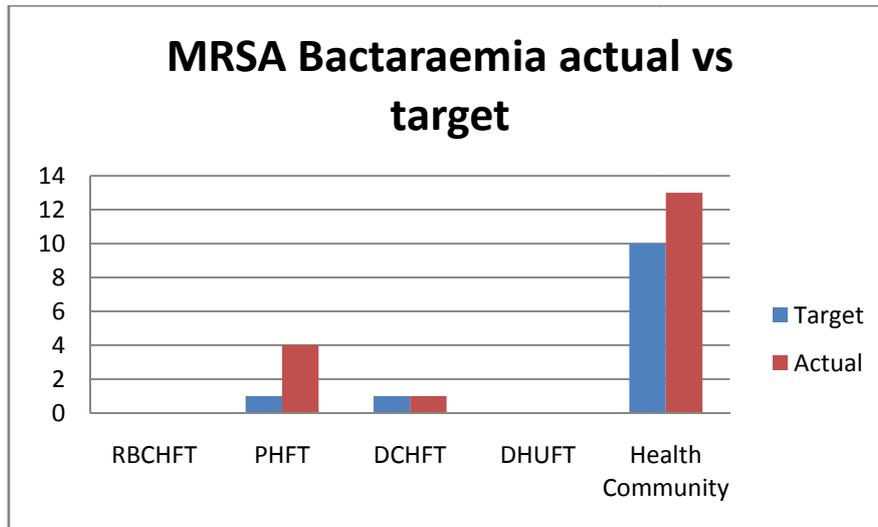
appropriate skills to offer and develop supervision within their own organisation to the required standard . The evaluation of the programme was very positive.

- 3.9 The percentages of staff that have completed Safeguarding training remains an issue for all Trusts. Varying levels of training are being delivered; this has formally been challenged through the health meeting for named professionals with an aim to agree a pan Dorset training plan.
- 3.10 The designated nurse completed an investigation in relation to the provision of services in terminations clinics. The final report and actions are being finalised.
- 3.11 Safeguarding support was provided to a private school in relation to a high level safeguarding investigation. The investigation identified a gap in sharing of information and a short piece of work is underway to ensure all private schools receive information from Emergency Departments and Minor Injury units.
- 3.12 One Serious Case Review has been completed and ready for publication. The themes in the review relate to unsafe sleeping for young babies, misuse of alcohol in parents with young Babies, lack of professional challenge by health professionals and poor information sharing regarding assessments. A Public Health campaign on the misuse of alcohol is to be launched.
- 3.13 One Serious Case Review is underway following the new process outlined in 'Working Together 2013'. The case is currently under police investigation which will be concluded before the serious case review starts. This case will have implications for Primary Care, including prescribing.
- 3.14 One historic serious case review has just been completed due to a court hearing being completed. The main concerns for health were information sharing, professional ownership and lack of professional challenge.
- 3.15 A new data set is being developed to offer more meaningful outcomes, the data will include Emergency Department attendance for self harm, children and adults with mental health concerns, and injuries as a result from bullying.
- 3.16 Training for GPs is being delivered via the LMC, links have been established with the GMC rep for safeguarding. There has been a steady increase in enquires form GP's in relation to safeguarding concerns.

4. Infection Prevention and Control

- 4.1 The Health community generally performed well against infections last year achieving below target for C-difficile. The health community performed particularly well in relation to norovirus outbreaks as demonstrated in the graphs overleaf. The health community target for MRSA bacteraemias was not met with a year end position of three cases over target. As the graph demonstrates this was due to Poole Hospital NHS Foundation Trust breaching their target by three cases. For the 2013/14 financial year there will

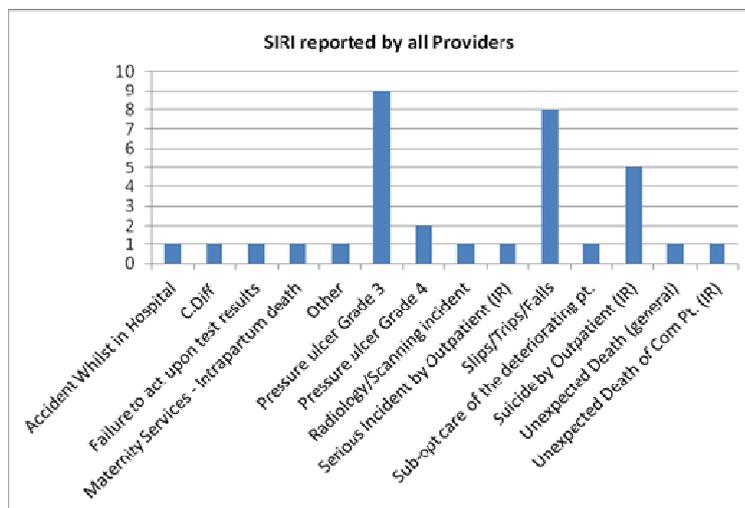
be a zero tolerance to MRSA bacteraemias and approximately a 30% reduction of C-difficile targets.



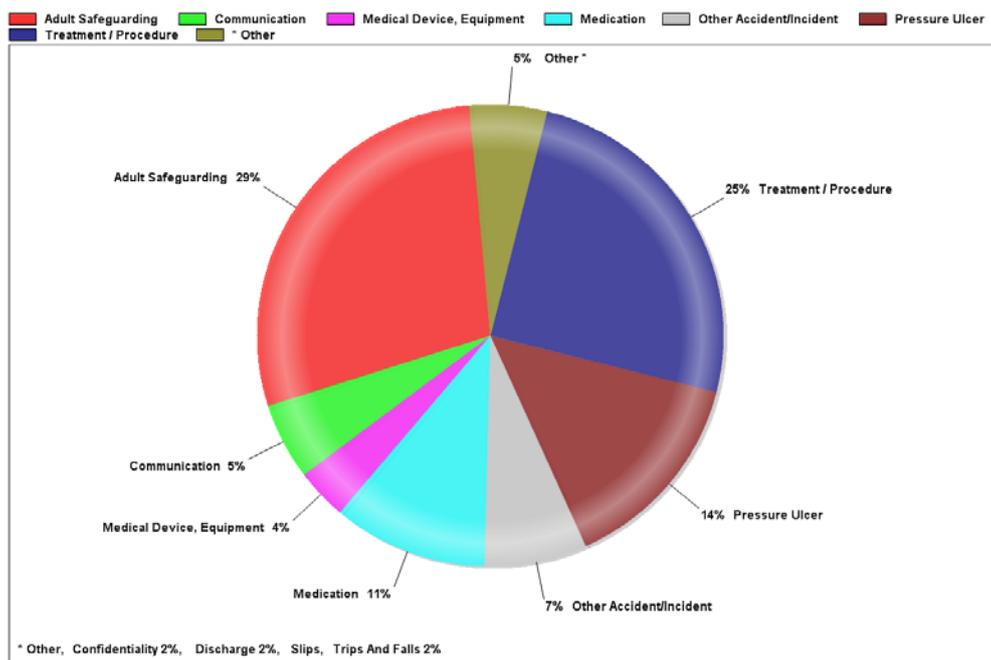
The full IPC annual report has made available via the Board portal

Serious and Adverse Incidents

- 4.2 The graph below shows the types of SIRIs reported during quarter one by all providers. The key trends as in previous quarters are pressure ulcers and slips trips and falls.



- 4.3 The CCG produces quarterly performance reports on each provider in relation to SIRIs. These are being used to improve compliance with the national framework via discussion at the quarterly quality monitoring meetings. Since these were introduced, the CCG has seen a marked improvement in compliance.
- 4.4 There have been 35 adverse incidents reported to the CCG Patient Safety Team covering the period since April 1 2013.



- 4.5 All incidents are recorded on the CCG risk management system, investigated and any lessons learnt are identified. Feedback is provided to the reporter of the incident as to what action has been taken to mitigate against reoccurrence and themes and trends are disseminated via Quality Directorate communications. All Primary Care pharmacy incidents are now reported to the Wessex Area Team hence a reduction over previous reporting periods.

5. Information Governance (any areas of breach/concern)

Caldicott 2 Report

- 5.1 In December 2011 the Government announced that it wanted to allow patients' records and other NHS data to be shared with private life science companies in order to make it easier for them to develop and test new drugs and treatments. Concerns were raised about what that might mean for patient confidentiality. This and other issues prompted the instigation of Caldicott 2, in which Dame Fiona Caldicott was asked to review information issues across the health and social care system. From this review the report 'Caldicott2' *To Share or Not to Share*, was released. A full copy of the report can be obtained from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

- 5.2 Although all chapters and recommendations are relevant to the CCG those with significant importance are:

Chapter 7: Commissioning
 Chapter 5: Information Governance and the Law
 Chapter 9: Education and Training
 Chapter 2: People's Right to Access Information about Themselves
 Chapter 3: Direct Care of Individuals

Chapter 4: Personal Data Breaches

5.3 Chapter 7, Commissioning, and Chapter 9, Education and Training, will have significant impact on the CCG.

5.4 The report states that we are now required to report all serious Information Governance incidents to the Governing Body:

“organisations within the health and social care system in England must report all data incidents to their boards or equivalent bodies. These data incidents should in turn be included in each organisation’s quality report in an NHS organisation or as part of the annual report or performance report in non-NHS organisations”. Chapter 4, P54.

5.5 A full summary of the report is available on the Board Portal.

Information Governance Incidents

5.6 There have been two Information Governance incidents reported relating to the Continuing Healthcare teams within the CCG, one relating to the loss of personal data and the other where a Decision Support Tool (DST) in the name of one patient was issued to another patient’s representative.

5.7 Investigations are underway and, on completion, a full report will be forwarded to the Director of Quality, the Audit and Quality Committee and the Information Governance Group.

6. Customer Care

6.1 Complaints pertaining to Dorset Clinical Commissioning Group (CCG) include issues relating to commissioning decisions about services, service providers, individual patient funding and NHS funded continuing care processes and decisions.

6.2 The CCG is not responsible for managing or facilitating complaints about independent contractors. From 1 April 2013 complaints about this group of health professionals are managed by NHS England and the Wessex Local Area Team.

6.3 Dorset Advocacy has been commissioned to provide information, support and advocacy to people who are dissatisfied with NHS services in Dorset, Bournemouth and Poole. To date the CCG has not received a complaint which has been facilitated by Dorset Advocacy.

6.4 Dorset CCG received 29 letters or emails regarding complaints up to 6 June 2013.

6.5 The CCG quality and contract monitoring team monitor and review all complaints about service providers. Complaints shared with or sent directly

to the CCG Customer Care Team about a provider service are also shared with the relevant CCG quality monitoring lead manager.

The appointment of a Professional Practice Lead within the Quality Directorate will support the monitoring of all complaints about provider services. Service providers are required to share information about complaints, investigation and responses with the CCG in addition to providing evidence of learning and actions to prevent future occurrences and improve the quality of care via quality monitoring processes.

- 6.6 From 1 April 2013 the Patient Advice and Liaison Service ceased on closure of the Primary Care Trust. Enquirers continue to contact the CCG with a range of queries and requests for information. To date 130 enquiries or feedback comments have been made to the CCG via email, telephone or letter. The majority of these enquiries should be more appropriately addressed to NHS England or Healthwatch as they either relate to independent contractors or requests for health service information.
- 6.7 In the event that a complainant is dissatisfied with the outcome of their complaint they may refer their case to the Parliamentary and Health Service Ombudsman (PHSO) for review and where appropriate investigation. The CCG has not been informed of any referrals to the PHSO during this period.
- 6.8 A detailed customer care report is submitted quarterly to the Quality Group.
- 6.9 The 2012 / 2013 Annual Report is available on the Members Board portal.

7. Medicines Optimisation

- 7.1 In primary care prescribing, the Medicines team is implementing a strategy of quality improvement and reduction in variation in prescribing using national and locally derived measures in prescribing. This is both measuring cost/spend and recognised quality measures. These are being used to inform practice visits and at locality level where required and are all backed with published evidence and information resources. Feedback to date has been positive, with practices keen to make improvements where they are clear outliers.
- 7.2 Practice visits are underway across all localities and it is aimed that all practices would have had one formal visit by the locality pharmacist by mid October, with future visits determined by performance against budget and the variance measures.
- 7.3 The Medicines Optimisation group has received positive outcomes of audits carried out in practices in 2012/13, and the outcomes of an audit on sip feed use has been translated into a suite of guidance for prescribers and the wider healthcare community. The outcome of an audit on antipsychotics in one locality has identified further work to be done which has been translated into a further audit which can be adopted across the CCG, and an audit on the initiation of Oxycodone has identified that the initiation was mostly in primary

care, and showed a change in practice on re-audit which will inform practice visits and prescribing guidance.

- 7.4 The medicines optimisation group has agreed a prescribing budget setting mechanism for 2013/14, subject to further organisational approval, which uses a 50% combination of the PBC fairshares prescribing model and 50% historic outturn.

This provided closest fit for all localities and covers the change from two different models to a single CCG model. It is not expected that a historic element would be appropriate for future years and a group is due to be set up to look at future models. Reporting for 2013/14 will need to reflect some of the more complex changes in the new NHS environment with regard to commissioning responsibility and prescribing activity. This is in particular for community nurse prescribers, substance misuse prescribing and

- 7.5 Considerable work is underway to ensure that non-medical prescribing costs are allocated appropriately and to rationalise clinic and provider prescriptions currently charged to the CCG, with the aim to move the majority to Dorset Healthcare UFT in the next financial year. A tender exercise is underway for a new contract for enteral feeds and

8. Conclusion

- 8.1 Key areas of concern remain around Dorset HealthCare's compliance with CQC Standards and Monitor's requirements, and Poole Hospital's Safeguarding training levels and Serious Incidents.
- 8.2 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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